

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A

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For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 12:32

Jesse L. Jackson, Jr.
(Full Name)

202-225-0773
(Daytime Telephone)

HAND DELIVERED

(Office Use Only)

Filer
Status

☒ Member of the U.S.
House of Representatives

State: IL
District: 2

Officer Or
Employee

Employing Office:

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$336 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$336 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Jesse L. Jackson, Jr.

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
7th Ward Alderman, City of Chicago	Salary	\$93,841
J. Donatella & Associations	Consulting Income	\$60,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jesse L. Jackson, Jr.

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	American Capital World Growth & Income - IRS	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	American Mutual - IRA	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Delaware Ltd. Term Div. income - IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Putnam Asset Alloc. Growth - IRA	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Income Fund of America - IRA	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Growth Fund of America - IRA	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jesse L. Jackson, Jr.

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SP	Fidelity Cash Reserves - IRA	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
DC	Washington Mutual - 529A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	E
	Amer Growth & Income-LCP	\$15,001 - \$50,000	None	NONE	
DC	Washington Mutual - 529B	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	E
	American Global Small Cap-LCP	\$1,001 - \$15,000	None	NONE	
	Amer. Growth-LCP	\$15,001 - \$50,000	None	NONE	
	Delaware REIT-LCp	\$1,001 - \$15,000	None	NONE	
	MFS Total Return-LCP	\$1,001 - \$15,000	None	NONE	
	Putnam Equity Income	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jesse L Jackson Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Israel Public Affairs Committee	Oct. 9-10	Chicago-Detroit-Chicago	Y	Y	N	2 Days
American Israel Public Affairs Committee	Oct. 24-25	Chicago-Ft. Lauderdale- Wash. DC	Y	Y	N	2 Days
National Foundation for Women Legislators	Nov. 20-21	Chicago-Orlando, FL-Chicago	Y	Y	N	2 Days
Baber African Methodist Episcopal Church	Jan. 10	DC-Rochester-DC	N	N	N	None

SCHEDULE VIII - POSITIONS

Name Jesse L Jackson Jr.

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Commissioner	Abraham Lincoln Bicentennial Commission
Trustee	Chicago Theological Seminary
Board of Directors	Easter Seals of Metropolitan Chicago
Advisory Board Member	Institute of Religion and Public Policy
Advisory Board Member	The Tom Joyner Foundation

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

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For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 12:49

(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Daniel William Lipinski (Full Name)		2022255701 (Daytime Telephone)	
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative State: IL District: 03	<input type="checkbox"/> Officer Or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	Termination Date:

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SCHEDULE I - EARNED INCOME

Name Daniel William Lipinski

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Source	Type	Amount
Coventry Health Care	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
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	(CORUS BANK) MB FINANCIAL	\$250,001 - \$500,000	INTEREST	\$201 - \$1,000	
SP	401K COVENTRY STOCK	\$15,001 - \$50,000	None	NONE	PS(PART)
SP	401K AMERICAN FUND GROWTH	\$15,001 - \$50,000	None	NONE	
SP	401K EQUITY INDEX TRUST	\$15,001 - \$50,000	None	NONE	
	401K FIDELITY CONTRAFUND	\$1,001 - \$15,000	None	NONE	
SP	401K FIDELITY LOW PRICE STOCK FUND	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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	401K FIDELITY PURITAN FUND	\$15,001 - \$50,000	None	NONE	
SP	401K HARBOR INTERNATIONAL FUND	\$15,001 - \$50,000	None	NONE	
SP	401K MARSH & MCLENNAN STOCK FUND	\$15,001 - \$50,000	None	NONE	
SP	401K NEUBERGER GENESIS FUND	\$15,001 - \$50,000	None	NONE	
SP	401K PIMCO TOTAL RETURN FUND	\$15,001 - \$50,000	None	NONE	
SP	401k PUTNAM s&p 500 INDEX FUND	\$1,001 - \$15,000	None	NONE	
SP	401K SUMMIT CASH RESERVE	\$1,001 - \$15,000	None	NONE	
SP	401K TRP MIDCAP	\$15,001 - \$50,000	None	NONE	
SP	401K VANGUARD GROWTH & INCOME	\$1,001 - \$15,000	None	NONE	
SP	401K VANGUARD MIDCAP STOCK INDEX	\$15,001 - \$50,000	None	NONE	
SP	401K VANGUARD PRIME CAP	\$15,001 - \$50,000	None	NONE	
SP	ARBITRAGE FDS	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P
SP	CALDWELL & ORKIN MARKET OPP FUND	\$15,001 - \$50,000	None	NONE	P
SP	COVENTRY HELATHCARE STOCK	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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SP	DIAMOND HILL FOCUS LONG SHORT FUND	\$15,001 - \$50,000	None	NONE	
SP	DIREXION FUND	None	CAPITAL LOSS	NONE	S
SP	FIRST EAGLE GLOBAL FUND CLI	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S(part)
JT	FIRST NATIONAL BANK OF LAGRANGE	\$50,001 - \$100,000	None	NONE	
SP	FRANKLIN ADJUST USGOV SECS	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P/S(part)
SP	HUSSMAN INVT. TR. STRATEGIC GROWTH	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	HUSSMAN STRATEGIC TOTAL RETURN	None	CAPITAL GAINS	\$1,001 - \$2,500	S
SP	IRA BLACKROCK GNMA PORTFOLIO	None	None	NONE	S
SP	IRA FIRST EAGLE GOLD FUND	\$1,001 - \$15,000	None	NONE	P
SP	IRA FRANKLIN INVESTMENTS ADJUST USGOV SECS	\$1,001 - \$15,000	None	NONE	P/S(PART)
Sp	IRA HIGHLAND FLOATING RATE	\$1 - \$1,000	None	NONE	
SP	IRA LEUTHOLD GRIZZLY	\$1,001 - \$15,000	None	NONE	
SP	IRA PIMCO DEVELOPING LOCAL MARKETS	None	None	NONE	S
SP	IRA PIMCO GNMA FUND	None	None	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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SP	IRA PIMCO GNMA FUND CI D	None	None	NONE	S
SP	IRA PIMCO TOTAL RETURN FUND	\$15,001 - \$50,000	None	NONE	
SP	IRA SPDR GOLD SHARES	\$1,001 - \$15,000	None	NONE	P
SP	IRA TD BANK MONEY MARKET	\$1,001 - \$15,000	None	NONE	
	IRA VANGUARD 500 INDEX FUND	\$1,001 - \$15,000	None	NONE	
SP	LEUTHOLD CORE	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	LEUTHOLD GRIZZLY	\$1,001 - \$15,000	None	NONE	P
SP	LOOMIS SAYLES BOND INST	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	S(part)
SP	MARSH & MCLENNAN STOCK	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	MERGER FUND	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
SP	METLIFE STOCK	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	METLIFE TCA MONEY MARKET ACCOUNT	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
SP	NAKOMA ABSOLUTE RETURN	\$15,001 - \$50,000	None	NONE	
SP	PIMCO ALL ASSET FUND INST	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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SP	PIMCO DEVELOPING LOCAL MARKETS	None	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S
SP	PIMCO INV GRADE CORP BOND	None	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S
	RETIREMENT CRFF BOND MKT	\$1,001 - \$15,000	None	NONE	
	RETIREMENT CRFF GROWTH	\$1,001 - \$15,000	None	NONE	
	RETIREMENT CRFF STOCK	\$1,001 - \$15,000	None	NONE	
	RETIREMENT TIAA TRADITIONAL	\$1,001 - \$15,000	None	NONE	
	RETIRMENT CRFF EQUITY INDEX	\$1,001 - \$15,000	None	NONE	
SP	RYDEX MGD FUTURES STRATEGY	None	CAPITAL LOSS	NONE	PS
SP	SPDR BARCLAYS 1-3 MONTH TBILL	None	CAPITAL LOSS	NONE	S
SP	TDAM CASH	\$1 - \$1,000	None	NONE	
SP	TDAM MONEY MARKET PORTFOLIO	\$50,001 - \$100,000	DIVIDENDS	\$1 - \$200	
	VANGUARD 500	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	P
SP	WACHOVIA BANK	\$100,001 - \$250,000	INTEREST	\$1 - \$200	
SP	401K RETIREMENT FUND 2030	\$15,001 - \$50,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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SP	IRA TEMPLETON GLOBAL BOND ADV	\$15,001 - \$50,000	None	NONE	P
SP	IRA EATON VANCE FLOATING RATE INSTL	\$15,001 - \$50,000	None	NONE	P
SP	IRA EATON VANCE GLOBAL MACRO INSTL	\$15,001 - \$50,000	None	NONE	P
SP	OSTERWEIS STRATEGIC INCOME	\$15,001 - \$50,000	None	NONE	P
SP	PROSHARES ULTRA SHORT 20+YR TSTRY	\$1,001 - \$15,000	None	NONE	P
SP	IVY ASSET STRTEGIC INSTL	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	VAN ECK GOLD A	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P
SP	AMERICAN CENTURY ZERO COUPON 2025	None	CAPITAL GAINS	\$201 - \$1,000	PS
SP	i PATH DJ AIG COMMODITY NDEX	None	CAPITAL LOSS	NONE	PS
SP	i PATH S+P 500 VIX SHORT TERM	None	CAPITAL LOSS	NONE	PS

SCHEDULE IV - TRANSACTIONS

Name Daniel William Lipinski

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	401K COVENTRY STOCK	P	N/A	BI-WEEKLY	\$1,001 - \$15,000
SP	401K RETIREMENT FUND 2030	P	N/A	12-19-10	\$15,001 - \$50,000
SP	AMERICAN CENTURY ZERO COUPON	S	Yes	11-17-10	\$15,001 - \$50,000
SP	AMERICAN CENTURY ZERO COUPON 2025	P	N/A	5-26-10	\$15,001 - \$50,000
SP	ARBITRAGE FDS	P	N/A	3-23-10	\$1,001 - \$15,000
SP	CALDWELL & ORKIN MARKET OPP FUND	P	N/A	3-23-10	\$1,001 - \$15,000
SP	DIREXION FUND	S	No	8-17-10	\$1,001 - \$15,000
SP	FIRST EAGLE GLOBAL FUND CLI	S	Yes	3-17-10	\$1,001 - \$15,000
SP	FRANKLIN ADJUST USGOV SECS	S	No	5-26-10	\$15,001 - \$50,000
SP	FRANKLIN ADJUST USGOV SECS	P	N/A	3-23-10	\$15,001 - \$50,000
SP	HUSSMAN STRATEGIC TOTAL RETURN	S	Yes	11-18-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Daniel William Lipinski

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SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	i PATH DJ AIG COMMODITY INDEX	S	No	5-24-10	\$1,001 - \$15,000
	i PATH DJ AIG COMMODITY INDEX	P	N/A	3-23-10	\$1,001 - \$15,000
	i PATH S+P 500 VIX SHORT TERM	P	N/A	3-3-10	\$1,001 - \$15,000
SP	i PATH S+P 500 VIX SHORT TERM	S	No	4-8-10	\$1,001 - \$15,000
SP	IRA BLACKROCK GNMA PORTFOLIO	S	No	1-11-10	\$1,001 - \$15,000
SP	IRA EATON VANCE FLOATING RATE INSTL	P	N/A	3-23-10	\$15,001 - \$50,000
SP	IRA EATON VANCE GLOBAL MACRO INSTL	P	N/A	3-23-10	\$15,001 - \$50,000
SP	IRA FIRST EAGLE GOLD FUND	P	N/A	5-26-10	\$1,001 - \$15,000
SP	IRA FRANKLIN INVESTMENTS ADJUST USGOV SECS	P	N/A	3-23-10	\$1,001 - \$15,000
SP	IRA FRANKLIN INVESTMENTS ADJUST USGOV SECS	S(part)	Yes	5-26-10	\$1,001 - \$15,000
SP	IRA FRANKLIN INVESTMENTS ADJUST USGOV SECS	S(part)	No	3-17-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Daniel William Lipinski

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	IRA PIMCO DEVELOPING LOCAL MARKETS	S	No	3-17-10	\$1,001 - \$15,000
SP	IRA PIMCO GNMA FUND	S	No	1-11-10	\$1,001 - \$15,000
SP	IRA PIMCO GNMA FUND CI D	S	No	1-11-10	\$1,001 - \$15,000
SP	IRA SPDR GOLD SHARES	P	N/A	5-26-10	\$1,001 - \$15,000
SP	IRA TEMPLETON GLOBAL BOND ADV	P	N/A	3-23-10	\$15,001 - \$50,000
SP	IVY ASSET STRATEGY INSTL	P	N/A	3-23-10	\$1,001 - \$15,000
SP	LEUTHOLD GRIZZLY	P	N/A	3-23-10	\$1,001 - \$15,000
SP	LOOMIS SAYLES BOND INST	S(part)	No	3-17-10	\$1,001 - \$15,000
SP	OSTERWEIS STRATEGIC INCOME	P	N/A	12-17-10	\$15,001 - \$50,000
SP	PIMCO ALL ASSET FUND INST	S(part)	Yes	3-17-10	\$1,001 - \$15,000
SP	PIMCO DEVELOPING LOCAL MARKETS	S	No	3-17-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Daniel William Lipinski

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	PIMCO INV GRADE CORP BOND	S	Yes	3-17-10	\$15,001 - \$50,000
SP	PROSHARES ULTRA SHORT 20+YR TSRY	P	N/A	11-18-10	\$1,001 - \$15,000
SP	RYDEX MGD FUTURES STRATEGY	P	N/A	3-23-10	\$1,001 - \$15,000
SP	RYDEX MGD FUTURES STRATEGY	S	No	10-14-10	\$15,001 - \$50,000
SP	SPDR BARCLAYS 1-3 MONTH TBILL	S	No	2-19-10	\$15,001 - \$50,000
SP	VAN ECK GOLD A	P	N/A	8-25-10	\$1,001 - \$15,000
	VANGUARD 500	P	N/A	7-6-10	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Daniel William Lipinski

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Legatus	Feb. 4-6	DC-California-Chicago	Y	Y	Y	None
American Israel Education Foundation	July 5-12	Chicago-Israel-Chicago	Y	Y	Y	None

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 13
For use by Members, officers, and employees

HAND DELIVERED

Daniel William Lipinski
(Full Name)

2022255701
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 4:34

OFF (Office Use Only)

Filer Status

☒ Member of the U.S. House of Representative
State: IL District: 03

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15) ☒ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Daniel William Lipinski

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Coventry Health Care	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or <th>BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."<th>BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.<th>BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.<th>BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</th></th></th></th>		BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." <th>BLOCK C Type of Income Check all columns that apply. 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	(CORUS BANK) MB FINANCIAL	\$250,001 - \$500,000	INTEREST	\$201 - \$1,000	
SP	401K COVENTRY STOCK	\$15,001 - \$50,000	None	NONE	PS(PART)
SP	401K AMERICAN FUND GROWTH	\$15,001 - \$50,000	None	NONE	
SP	401K EQUITY INDEX TRUST	\$15,001 - \$50,000	None	NONE	
	401K FIDELITY CONTRAFUND	\$1,001 - \$15,000	None	NONE	
SP	401K FIDELITY LOW PRICE STOCK FUND	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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	401K FIDELITY PURITAN FUND	\$15,001 - \$50,000	None	NONE	
SP	401K HARBOR INTERNATIONAL FUND	\$15,001 - \$50,000	None	NONE	
SP	401K MARSH & MCLENNAN STOCK FUND	\$15,001 - \$50,000	None	NONE	
SP	401K NEUBERGER GENESIS FUND	\$15,001 - \$50,000	None	NONE	
SP	401K PIMCO TOTAL RETURN FUND	\$15,001 - \$50,000	None	NONE	
SP	401K PUTNAM S&P 500 INDEX FUND	\$1,001 - \$15,000	None	NONE	
SP	401K SUMMIT CASH RESERVE	\$1,001 - \$15,000	None	NONE	
SP	401K TRP MIDCAP	\$15,001 - \$50,000	None	NONE	
SP	401K VANGUARD GROWTH & INCOME	\$1,001 - \$15,000	None	NONE	
SP	401K VANGUARD MIDCAP STOCK INDEX	\$15,001 - \$50,000	None	NONE	
SP	401K VANGUARD PRIME CAP	\$15,001 - \$50,000	None	NONE	
SP	ARBITRAGE FDS	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P
SP	CALDWELL & ORKIN MARKET OPP FUND	\$15,001 - \$50,000	None	NONE	P
SP	COVENTRY HEALTHCARE STOCK	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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SP	DIAMOND HILL FOCUS LONG SHORT FUND	\$15,001 - \$50,000	None	NONE	
SP	DIREXION FUND	None	CAPITAL LOSS	NONE	S
SP	FIRST EAGLE GLOBAL FUND CLI	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S(part)
JT	FIRST NATIONAL BANK OF LAGRANGE	\$50,001 - \$100,000	None	NONE	
SP	FRANKLIN ADJUST USGOV SECS	\$15,001 - \$50,000	DIVIDENDS / CAPITAL LOSS	\$201 - \$1,000	P/S(part)
SP	HUSSMAN INVT. TR. STRATEGIC GROWTH	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	HUSSMAN STRATEGIC TOTAL RETURN	None	CAPITAL GAINS	\$1,001 - \$2,500	S
SP	IRA BLACKROCK GNMA PORTFOLIO	None	None	NONE	S
SP	IRA FIRST EAGLE GOLD FUND	\$1,001 - \$15,000	None	NONE	P
SP	IRA FRANKLIN INVESTMENTS ADJUST USGOV SECS	\$1,001 - \$15,000	None	NONE	P/S(PART)
Sp	IRA HIGHLAND FLOATING RATE	\$1 - \$1,000	None	NONE	
SP	IRA LEUTHOLD GRIZZLY	\$1,001 - \$15,000	None	NONE	
SP	IRA PIMCO DEVELOPING LOCAL MARKETS	None	None	NONE	S
SP	IRA PIMCO GNMA FUND	None	None	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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SP	IRA PIMCO GNMA FUND CI D	None	None	NONE	S
SP	IRA PIMCO TOTAL RETURN FUND	\$15,001 - \$50,000	None	NONE	
SP	IRA SPDR GOLD SHARES	\$1,001 - \$15,000	None	NONE	P
SP	IRA TD BANK MONEY MARKET	\$1,001 - \$15,000	None	NONE	
	IRA VANGUARD 500 INDEX FUND	\$1,001 - \$15,000	None	NONE	
SP	LEUTHOLD CORE	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	LEUTHOLD GRIZZLY	\$1,001 - \$15,000	None	NONE	P
SP	LOOMIS SAYLES BOND INST	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	S(part)
SP	MARSH & MCLENNAN STOCK	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	MERGER FUND	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
SP	METLIFE STOCK	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	METLIFE TCA MONEY MARKET ACCOUNT	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
SP	NAKOMA ABSOLUTE RETURN	\$15,001 - \$50,000	None	NONE	
SP	PIMCO ALL ASSET FUND INST	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel William Lipinski

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SP	PIMCO DEVELOPING LOCAL MARKETS	None	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	S
SP	PIMCO INV GRADE CORP BOND	None	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S
	RETIREMENT CRFF BOND MKT	\$1,001 - \$15,000	None	NONE	
	RETIREMENT CRFF GROWTH	\$1,001 - \$15,000	None	NONE	
	RETIREMENT CRFF STOCK	\$1,001 - \$15,000	None	NONE	
	RETIREMENT TIAA TRADITIONAL	\$1,001 - \$15,000	None	NONE	
	RETIRMENT CRFF EQUITY INDEX	\$1,001 - \$15,000	None	NONE	
SP	RYDEX MGD FUTURES STRATEGY	None	CAPITAL LOSS	NONE	PS
SP	SPDR BARCLAYS 1-3 MONTH TBILL	None	CAPITAL LOSS	NONE	S
SP	TDAM CASH	\$1 - \$1,000	None	NONE	
SP	TDAM MONEY MARKET PORTFOLIO	\$50,001 - \$100,000	DIVIDENDS	\$1 - \$200	
	VANGUARD 500	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	P
SP	WACHOVIA BANK	\$100,001 - \$250,000	INTEREST	\$1 - \$200	
SP	401K RETIREMENT FUND 2030	\$15,001 - \$50,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	IRA TEMPLETON GLOBAL BOND ADV	\$15,001 - \$50,000	None	NONE	P
SP	IRA EATON VANCE FLOATING RATE INSTL	\$15,001 - \$50,000	None	NONE	P
SP	IRA EATON VANCE GLOBAL MACRO INSTL	\$15,001 - \$50,000	None	NONE	P
SP	OSTERWEIS STRATEGIC INCOME	\$15,001 - \$50,000	None	NONE	P
SP	PROSHARES ULTRA SHORT 20+YR TSRY	\$1,001 - \$15,000	None	NONE	P
SP	IVY ASSET STRATEGIC INSTL	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	VAN ECK GOLD A	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P
SP	AMERICAN CENTURY ZERO COUPON 2025	None	CAPITAL GAINS	\$201 - \$1,000	PS
SP	i PATH DJ AIG COMMODITY INDEX	None	CAPITAL LOSS	NONE	PS
SP	i PATH S+P 500 VIX SHORT TERM	None	CAPITAL LOSS	NONE	PS

SCHEDULE IV - TRANSACTIONS

Name Daniel William Lipinski

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SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	401K COVENTRY STOCK	S	N/A	12-8-10	\$15,001 - \$50,000
SP	401K COVENTRY STOCK	P	N/A	BI-WEEKLY	\$1,001 - \$15,000
SP	401K RETIREMENT FUND 2030	P	N/A	12-09-10	\$15,001 - \$50,000
SP	AMERICAN CENTURY ZERO COUPON 2025	S	Yes	11-17-10	\$15,001 - \$50,000
SP	AMERICAN CENTURY ZERO COUPON 2025	P	N/A	5-26-10	\$15,001 - \$50,000
SP	ARBITRAGE FDS	P	N/A	3-23-10	\$1,001 - \$15,000
SP	CALDWELL & ORKIN MARKET OPP FUND	P	N/A	3-23-10	\$1,001 - \$15,000
SP	DIREXION FUND	S	No	8-17-10	\$1,001 - \$15,000
SP	FIRST EAGLE GLOBAL FUND CLI	S	Yes	3-17-10	\$1,001 - \$15,000
SP	FRANKLIN ADJUST USGOV SECS	S	No	5-26-10	\$15,001 - \$50,000
SP	FRANKLIN ADJUST USGOV SECS	P	N/A	3-23-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Daniel William Lipinski

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SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	HUSSMAN STRATEGIC TOTAL RETURN	S	Yes	11-18-10	\$15,001 - \$50,000
SP	i PATH DJ AIG COMMODITY INDEX	S	No	5-24-10	\$1,001 - \$15,000
SP	i PATH DJ AIG COMMODITY INDEX	P	N/A	3-23-10	\$1,001 - \$15,000
SP	i PATH S+P 500 VIX SHORT TERM	P	N/A	3-3-10	\$1,001 - \$15,000
SP	i PATH S+P 500 VIX SHORT TERM	S	No	4-8-10	\$1,001 - \$15,000
SP	IRA BLACKROCK GNMA PORTFOLIO	S	N/A	1-11-10	\$1,001 - \$15,000
SP	IRA EATON VANCE FLOATING RATE INSTL	P	N/A	3-23-10	\$15,001 - \$50,000
SP	IRA EATON VANCE GLOBAL MACRO INSTL	P	N/A	3-23-10	\$15,001 - \$50,000
SP	IRA FIRST EAGLE GOLD FUND	P	N/A	5-26-10	\$1,001 - \$15,000
SP	IRA FRANKLIN INVESTMENTS ADJUST USGOV SECS	P	N/A	3-23-10	\$1,001 - \$15,000
SP	IRA FRANKLIN INVESTMENTS ADJUST USGOV SECS	S(part)	N/A	5-26-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	IRA FRANKLIN INVESTMENTS ADJUST USGOV SECS	S(part)	N/A	3-17-10	\$1,001 - \$15,000
SP	IRA PIMCO DEVELOPING LOCAL MARKETS	S	N/A	3-17-10	\$1,001 - \$15,000
SP	IRA PIMCO GNMA FUND	S	N/A	1-11-10	\$1,001 - \$15,000
SP	IRA PIMCO GNMA FUND CI D	S	N/A	1-11-10	\$1,001 - \$15,000
SP	IRA SPDR GOLD SHARES	P	N/A	5-26-10	\$1,001 - \$15,000
SP	IRA TEMPLETON GLOBAL BOND ADV	P	N/A	3-23-10	\$15,001 - \$50,000
SP	IVY ASSET STRATEGY INSTL	P	N/A	3-23-10	\$1,001 - \$15,000
SP	LEUTHOLD GRIZZLY	P	N/A	3-23-10	\$1,001 - \$15,000
SP	LOOMIS SAYLES BOND INST	S(part)	No	3-17-10	\$1,001 - \$15,000
SP	OSTERWEIS STRATEGIC INCOME	P	N/A	12-17-10	\$15,001 - \$50,000
SP	PIMCO ALL ASSET FUND INST	S(part)	Yes	3-17-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Daniel William Lipinski

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	PIMCO DEVELOPING LOCAL MARKETS	S	No	3-17-10	\$1,001 - \$15,000
SP	PIMCO INV GRADE CORP BOND	S	Yes	3-17-10	\$15,001 - \$50,000
SP	PROSHARES ULTRA SHORT 20+YR TSTRY	P	N/A	11-18-10	\$1,001 - \$15,000
SP	RYDEX MGD FUTURES STRATEGY	S	No	10-14-10	\$15,001 - \$50,000
SP	RYDEX MGD FUTURES STRATEGY	P	N/A	3-23-10	\$1,001 - \$15,000
SP	SPDR BARCLAYS 1-3 MONTH TBILL	S	No	2-19-10	\$15,001 - \$50,000
SP	VAN ECK GOLD A	P	N/A	8-25-10	\$1,001 - \$15,000
	VANGUARD 500	P	N/A	7-6-10	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Daniel William Lipinski

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Legatus	Feb. 4-6	DC-California-Chicago	Y	Y	Y	None
American Israel Education Foundation	July 5-12	Chicago-Israel-Chicago	Y	Y	Y	None

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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	FORM A Page 1 of 4 For use by Members, officers, and employees
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Mike Quigley (Full Name)	2022254061 (Daytime Telephone)
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Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative State: <u>IL</u> District: <u>05</u>	<input type="checkbox"/> Officer Or Employee Employing Office: _____	
Report Type	<input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination	Termination Date: _____	

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
CVB Source	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mike Quigley

Page 3 of 4

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>College Illinois 529 Plan (Profile for Beneficiaries aged 20 and 21)</p>	<p>\$15,001 - \$50,000</p>	<p>None</p>	<p>NONE</p>	
<p>Cook County Pension (not self-directed)</p>	<p>\$50,001 - \$100,000</p>	<p>None</p>	<p>NONE</p>	

SCHEDULE V - LIABILITIES

Name Mike Quigley

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Bank of America	December 2010	Revolving Charge Account	\$15,001 - \$50,000
JT	Congressional Federal Credit Union	December 2010	Revolving Charge Account	\$15,001 - \$50,000

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	FORM A Page 1 of 14 For use by Members, officers, and employees
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HAND DELIVERED

Peter J. Roskam <small>(Full Name)</small>	202-225-4561 <small>(Daytime Telephone)</small>
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2011 MAY 31 PM 2:32
(Office Use Only)

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Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>IL</u> District: <u>06</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	Termination Date: _____	

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter J. Roskam

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BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
529-American Balanced Fund	None	None	NONE	S
529-American Mutual Fund	None	None	NONE	S
529-Capital World Bond Fund	\$50,001 - \$100,000	None	NONE	P, S
529-Capital World Growth and Income	None	None	NONE	S
529-EuroPacific Growth Fund	\$1,001 - \$15,000	None	NONE	S(part)
529-New World Fund	\$1,001 - \$15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter J. Roskam

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	529-Short Term Bond Fund of America	\$250,001 - \$500,000	None	NONE	P
	529-Smallcap World Fund	\$50,001 - \$100,000	None	NONE	P
	529-The Bond Fund of America	None	None	NONE	S
	529-The Growth Fund of America	None	None	NONE	S
	529-Washington Mutual Investors Fund	\$15,001 - \$50,000	None	NONE	P
	Blackrock Inflation Protected Bond (BPRAX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Blackrock International Opportunities Fund Class A (BREAX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Blackrock U.S. Opportunities Fund (BMEAX)	\$1,001 - \$15,000	None	NONE	
	Columbia Mid Cap Value Class A (CMUAX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Community Bank Checking Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Eaton Vance Large Cap Value Class A (EHSTX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Federated Capital Reserves (money market)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Fidelity International Discovery (FIGRX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Fidelity Real Estate Income (FRIFX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter J. Roskam

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	Franklin Natural Resources Class A (FRNRX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Hartford Growth Allocation Fund (HRACX)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA-Blackrock Inflation Protected Bond Portfolio Class A (BPRAX)	None	None	NONE	S
	IRA-Blackrock International Opportunities Fund Class A (BREAX)	None	None	NONE	S
	IRA-Blackrock U.S. Opportunities (BMEAX)	None	None	NONE	S
	IRA-Central FD CDA Ltd Class A (CEF)	\$15,001 - \$50,000	None	NONE	P
	IRA-Columbia Mid Cap Value Fund Class A (CMUAX)	None	None	NONE	S
	IRA-Eaton Vance Large Cap Value Class A (EHSTX)	None	None	NONE	S
	IRA-Fidelity International Discovery Fund (FIGRX)	None	None	NONE	S
	IRA-Fidelity Real Estate Income Fund (FRIFX)	None	None	NONE	S
	IRA-Franklin Natural Resources Fund Class A (FRNRX)	None	None	NONE	S
	IRA-ISHares Inc MSCI CDA Index (EWC)	\$1,001 - \$15,000	None	NONE	P
	IRA-ISHares Inc. MSCI Germany Index (EWG)	\$1,001 - \$15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter J. Roskam

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	IRA-IShares TR MSCI Emerging Mkts Index (EEM)	\$15,001 - \$50,000	None	NONE	P
	IRA-Ivy Asset Strategy Fund Class A (WASAX)	None	None	NONE	S
	IRA-John Hancock Large Cap Equity Fund Class A (TAGRX)	None	None	NONE	S
	IRA-John Hancock Strategic Income (JHFIX)	\$15,001 - \$50,000	None	NONE	P
	IRA-JP Morgan High Yield Fund Class A (OHYAX)	None	None	NONE	S
	IRA-Munder Mid Cap Core Growth Class A (MGOAX)	None	None	NONE	S
	IRA-Oppenheimer Intl Bond Class A (OIBAX)	None	None	NONE	S
	IRA-Pershing Government Account (money fund)	\$1,001 - \$15,000	None	NONE	
	IRA-Sector SPDR Tr SHS Ben Int Technology (XLK)	\$1,001 - \$15,000	None	NONE	P
	IRA-Sector SPDR Tr SHS Int Utilities (XLU)	\$1,001 - \$15,000	None	NONE	P
	IRA-Select Sector SPDR Tr Consumer (XLY)	\$1,001 - \$15,000	None	NONE	P
	IRA-Select Sector SPDR Tr Energy (XLE)	\$1,001 - \$15,000	None	NONE	P
	IRA-Sentinel Mid Cap Value Fund Class A (SYVAX)	None	None	NONE	S
	IRA-Sentinel Short Maturity Government Fund Class A (SSIGX)	\$15,001 - \$50,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Peter J. Roskam

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	IRA-SPDR Ser Tr S&P Biotech (XBI)	\$1,001 - \$15,000	None	NONE	P
	IRA-SPDR Ser TR S&P Pharmaceuticals (XPH)	\$1,001 - \$15,000	None	NONE	P
	IRA-T Rowe Price Emerging Markets Bond (PREMX)	\$1,001 - \$15,000	None	NONE	P
	IRA-Templeton Global Bond Fund Advisor Class (TGBAX)	\$15,001 - \$50,000	None	NONE	P
	IRA-The Growth Fund of America Class F-1 (GFAFX)	None	None	NONE	S
	IRA-Vanguard Bd Index Fd Intermediate (BIV)	None	None	NONE	S
	IRA-Vanguard Bd Index Fd Total Bd Market (BNC)	None	None	NONE	S
	IRA-Vanguard World FDS Vanguard Matls (VAW)	\$1,001 - \$15,000	None	NONE	P
	IShares TR MSCI Emerging Markets Index (EEM)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Ivy Asset Strategy Class A (WASAX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	John Hancock Large Cap Equity (TAGRX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	JP Morgan High Yield Fund Class A (OHYAX)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Munder Mid Cap Core Growth Class A (MGOAX)	\$1,001 - \$15,000	None	NONE	
	Nuveen Limited Term Muni Bond Class A (FLTDX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOMEName *Peter J. Roskam*

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	Oppenheimer Intl Bond Class A (OIBAX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Sentinel Mid Cap Value Class A (SYVAX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	T Rowe Price Emerging Markets Bond (PREMX)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	The Growth Fund of America Class F-1 (GFAFX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Vanguard Bd Index Fd Inc Intermediate Term (BIV)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Vanguard Bd Index Fd Inc Total Bd Market (BND)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Wheaton Bank and Trust Savings Acct.	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Peter J. Roskam

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	529-American Balanced Fund	S	No	8-13-10	\$50,001 - \$100,000
	529-American Mutual Fund	S	No	8-13-10	\$15,001 - \$50,000
	529-Capital World Bond Fund	P	N/A	8-13-10	\$15,001 - \$50,000
	529-Capital World Bond Fund	S	No	8-13-10	\$15,001 - \$50,000
	529-Capital World Growth and Income	S	No	8-13-10	\$15,001 - \$50,000
	529-EuroPacific Growth Fund	S(part)	No	8-13-10	\$1,001 - \$15,000
	529-New World Fund	P	N/A	8-13-10	\$1,001 - \$15,000
	529-Short Term Bond Fund of America	P	N/A	8-13-10	\$250,001 - \$500,000
	529-Smallcap World Fund	P	N/A	8-13-10	\$15,001 - \$50,000
	529-The Bond Fund of America	S	Yes	8-13-10	\$100,001 - \$250,000
	529-The Growth Fund of America	S	No	8-13-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Peter J. Roskam

Page 9 of 14

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	529-Washington Mutual Investors Fund	P	N/A	8-13-10	\$15,001 - \$50,000
	IRA-Blackrock Inflation Protected Bond Portfolio Class A (BPRAX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Blackrock International Opportunities Fund Class A (BREAX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Blackrock U.S. Opportunities (BMEAX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Central FD CDA Ltd Class A (CEF)	P	N/A	6-2-10	\$1,001 - \$15,000
	IRA-Columbia Mid Cap Value Fund Class A (CMUAX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Eaton Vance Large Cap Value Class A (EHSTX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Fidelity International Discovery Fund (FIGRX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Fidelity Real Estate Income Fund (FRIFX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Franklin Natural Resources Fund Class A (FRNRX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-iShares Inc MSCI CDA Index (EWC)	P	N/A	6-2-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Peter J. Roskam

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	IRA-ISHares Inc. MSCI Germany Index (EWG)	P	N/A	6-2-10	\$1,001 - \$15,000
	IRA-ISHares TR MSCI Emerging Mkts Index (EEM)	P	N/A	6-2-10	\$1,001 - \$15,000
	IRA-Ivy Asset Strategy Fund Class A (WASAX)	S	No	6-2-10	\$1,001 - \$15,000
	IRA-John Hancock Large Cap Equity Fund Class A (TAGRX)	S	No	6-2-10	\$1,001 - \$15,000
	IRA-John Hancock Strategic Income (JHFIX)	P	N/A	6-2-10	\$15,001 - \$50,000
	IRA-JP Morgan High Yield Fund Class A (OHYAX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Munder Mid Cap Core Growth Class A (MGOAX)	S	No	4-3-10; 6-2-10	\$1,001 - \$15,000
	IRA-Oppenheimer Intl Bond Class A (OIBAX)	P	N/A	4-30-10	\$1,001 - \$15,000
	IRA-Oppenheimer Intl Bond Class A (OIBAX)	S	No	6-2-10	\$1,001 - \$15,000
	IRA-Sector SPDR Tr SHS Ben Int Technology (XLK)	P	N/A	6-2-10	\$1,001 - \$15,000
	IRA-Sector SPDR Tr SHS Int Utilities (XLU)	P	N/A	6-2-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Peter J. Roskam

Page 11 of 14

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	IRA-Select Sector SPDR Tr Consumer (XLY)	P	N/A	6-2-10	\$1,001 - \$15,000
	IRA-Select Sector SPDR Tr Energy (XLE)	P	N/A	6-2-10	\$1,001 - \$15,000
	IRA-Sentinel Mid Cap Value Fund Class A (SYVAX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Sentinel Short Maturity Government Fund Class A	P	N/A	6-2-10	\$15,001 - \$50,000
	IRA-SPDR Ser Tr S&P Biotech (XBI)	P	N/A	6-2-10	\$1,001 - \$15,000
	IRA-SPDR Ser TR S&P Pharmaceuticals (XPH)	P	N/A	6-2-10	\$1,001 - \$15,000
	IRA-T Rowe Price Emerging Markets Bond (PREMX)	P	N/A	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Templeton Global Bond Fund Advisor Class (TGBAX)	P	N/A	6-2-10	\$15,001 - \$50,000
	IRA-The Growth Fund of America Class F-1 (GFAFX)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Vanguard Bd Index Fd Intermediate (BIV)	S	No	4-30-10; 6-2-10	\$1,001 - \$15,000
	IRA-Vanguard Bd Index Fd Total Bd Market (BNC)	S	No	4-30-10; 6-2-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Peter J. Roskam

Page 12 of 14

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	IRA-Vanguard World FDS Vanguard Matls (VAW)	P	N/A	6-2-10	\$1,001 - \$15,000
	Nuveen Limited Term Muni Bond Class A (FLTDX)	P	N/A	7-16-10	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Peter J. Roskam

Page 13 of 14

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Israel Education Foundation	Jul. 7-12	Chicago-Tel Aviv-DC	Y	Y	Y	None
Government of S. Korea (MECEA)	Nov. 7-13	Chicago-Seoul, Korea- Chicago	Y	Y	N	None

SCHEDULE IX - AGREEMENTS

Name Peter J. Roskam

Page 14 of 14

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Indefinite	Me/Illinois General Assembly Retirement System	I am a participant in the General Assembly Retirement System (not yet receiving benefits)

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 6
For use by Members, officers, and employees

HAND DELIVERED

DANNY K DAVIS

202-225-5006

(Full Name)

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 25 PM 4:47

(Office Use Only)

**A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.**

**Filer
Status**

☒ Member of the U.S.
House of Representatives

State: IL
District: 07

☐ Officer Or
Employee

Employing Office:

**Report
Type**

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name DANNY K DAVIS

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
STATE OF ILLINOIS	SPOUSE PENSION	\$39,394.32
SOCIAL SECURITY U.S GOV'T	SPOUSE SOCIAL SECURITY	\$1,245.60
SOCIAL SECURITY BENEFITS, U.S GOV'T	MEMBER SOCIAL SECURITY	\$24,639
VALIC WITHDRAWAL	SPOUSE	\$10,000
VALIC WITHDRAWAL	SPOUSE	\$8,616.66

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DANNY K DAVIS

Page 3 of 6

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	AIG VALIC ANNUITY	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	AIG VALIC ANNUITY	\$250,001 - \$500,000	DIVIDENDS	\$201 - \$1,000	
JT	AUSTIN BANK	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	BANK ONE	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	COVENANT BANK	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	COVENANT BANK SHARES	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DANNY K DAVIS

Page 4 of 6

SP	EQUITABLE	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	KNIGHT INS STOCK	\$15,001 - \$50,000	None	NONE	
SP	LEGENT CONS	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
JT	NICOR GAS	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	PEGASUS FUND	\$1 - \$1,000	DIVIDENDS	NONE	
SP	SECURITIES INCOME	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
JT	SOUTHSIDE CREDIT UNION	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	UNITED CREDIT UNION	\$1 - \$1,000	INTEREST	\$1 - \$200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name DANNY K DAVIS

Page 5 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
NAT'L CENTER FOR HEALTH ON PUBLIC HOUSING NORTH AMERICAN MANAGEMENT	JUNE 27, 2010- JUNE 28, 2010	CHICAGO- BOSTON- WASHINGTON DC	Y	Y	N	NONE

SCHEDULE VIII - POSITIONS

Name DANNY K DAVIS

Page 6 of 6

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	CONGRESSIONAL BLACK CAUCUS FOUNDATION
BOARD MEMBER	STREET WISE NEWSPAPER
BOARD MEMBER	EAST-WEST UNIVERSITY
ADVISORY BOARD	PREVENTION PARTNERSHIP

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

Page 1 of 3

Name: JOE WALSH

Daytime Telephone: 847.533.2923

MAY 16 2011
 HOUSE OF REPRESENTATIVES
 MAY 25 PM 2:56

OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only)

Filer Status



Member of the U.S.
 House of Representatives

State: IL
 District: 8



Officer or
 Employee

Employing Office:

Report Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

**A \$200 penalty shall be assessed
 against anyone who files more than
 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
 If yes, complete and attach Schedule I.

Yes ☒ No ☐

No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
 If yes, complete and attach Schedule VI.

Yes ☐ No ☒

No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
 If yes, complete and attach Schedule II.

Yes ☐ No ☒

No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
 If yes, complete and attach Schedule VII.

Yes ☐ No ☒

No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
 If yes, complete and attach Schedule III.

Yes ☒ No ☐

No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
 If yes, complete and attach Schedule VIII.

Yes ☐ No ☒

No ☒

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
 If yes, complete and attach Schedule IV.

Yes ☐ No ☒

No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity?
 If yes, complete and attach Schedule IX.

Yes ☐ No ☒

No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
 If yes, complete and attach Schedule V.

Yes ☐ No ☒

No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐ No ☒

No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

No ☒

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name **JOE WALSH**

Page **3** of **3**

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction								
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.			Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”												Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if the asset generated no income during the reporting period.						For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if no income was earned or generated.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.								
			A	B	C	D	E	F	G	H	I	J	K	L															I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
			None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000								
SP		Mega Corp. Stock				X									X			X		Royalties				X												S (partial)				
DC, Examples:		Simon & Schuster			Indefinite																																			
JT		1st Bank of Paducah, KY Accounts					X									X										X														
JT		NORTHERN TRUST BK-CHICAGO		X													X					X																		
SP		NORTHERN TRUST BK-CHICAGO		X													X					X																		
		CHARLES SCHWAB 401(K)			X												X					X																		
		SURS PENSION IL			X												X					X																		
SP		EVERBURY PARTNERS, LTD IL	X														X			ECONOMIC (INTEREST)							X													

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

Page 1 of 9

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 4:59

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Name: Janice D. Schakowsky

Daytime Telephone: (202) 225-2111

Filer Status



Member of the U.S. House of Representatives

State: IL
 District: 9



Officer or Employee

Employing Office:

Report Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
 If yes, complete and attach Schedule I.

Yes ☒

No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
 If yes, complete and attach Schedule VI.

Yes ☐

No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
 If yes, complete and attach Schedule II.

Yes ☐

No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
 If yes, complete and attach Schedule VII.

Yes ☒

No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
 If yes, complete and attach Schedule III.

Yes ☒

No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
 If yes, complete and attach Schedule VIII.

Yes ☒

No ☐

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
 If yes, complete and attach Schedule IV.

Yes ☒

No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity?
 If yes, complete and attach Schedule IX.

Yes ☐

No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
 If yes, complete and attach Schedule V.

Yes ☒

No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐

No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐

No ☒

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

[illegible]

Page 3 of 9

For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000		
	American High Income Trust Class				X										X									X									
	Intermediate Bond Fund Amer. A			X											X								X										
	Morgan Stanley Dean Witter Tax		X														X					X											
	Exempt Securities Trust Class I																																
	Oppenheimer & Co. Advantage			X											X							X											
	Primary Liquidity Fund (Cash acct)																																
JT	Putnam College Advantage 1998	X													X						X												S
JT	" " " 2000	X													X						X												S
JT	" " " 2001	X													X						X												S
JT	" " " 2001	X													X						X												S
	Bank of America checking		X														X					X											
	Northwestern Mutual Money Mkt			X													X					X											
	(Deposit held at NMI Bank)																																
SP	Wells Fargo Cash	X													X							X											
SP	Putnam Equity Inc.			X											X							X											
SP	Thornburg Investment Trust (Value Fund)				X										X							X											
SP	AMCAP Fund Inc				X										X							X											
SP	CALAMOS Investments			X											X							X											
	Global Growth & Income																																
SP	Private Bank-checking Chgo, IL		X														X					X											

Continuation Sheet (if needed)

Page 5 of 9

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Name <u>Janice D Schakowsky</u>	Page <u>6</u> of <u>9</u>
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Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

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SCHEDULE V— LIABILITIES

Name Janice D. Schakowsky Page 7 of 9

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
SP	Citibank A Advantage		12/2010	Credit Card		X								
SP	Wells Fargo		7/2008	Loan on Stock/ Margin Acct	X									

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Advisory Board	Interfaith House
Advisory Board	Ted Fund
Advisory Board	Midwest Palliative and Hospice Care Center
Advisory Board	Illinois Women's Institute for Leadership
Advisory Board	Between Friends
Advisory Board	Wilber Wright College - HIV/STI Prevention Education

Policy Council Member Citizen Action / Illinois

SCHEDULE IX—AGREEMENTS

Advisory Committee Public Pride Alliance

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Dec 1998	State of Illinois & Jan Schakowsky	Continued participation in State Plan ^{Pension}

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
 For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only)

MC

ROBERT J. DOLD, JR.
 (Full Name)

847-441-8300
 (Daytime Telephone)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: IL District: 10	<input type="checkbox"/> Officer Or Employee	Employing Office:
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name ROBERT J. DOLD, JR.

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
ROSE EXTERMINATOR CO., INC.	SALARY	\$121,560
DEPARTMENT OF THE TREASURY	SPOUSE SALARY	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT J. DOLD, JR.

Page 3 of 8

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any annuities totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
414 FRONTAGE ROAD, NORTHFIELD, IL	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	
MCDONALD'S INC STOCK	None	CAPITAL GAINS	\$5,001 - \$15,000	S
KELLOGG INC. STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
WINTRUST FINANCIAL CORPORATION STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
PROCTER AND GAMBLE INC. STOCK	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
BP STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT J. DOLD, JR.

Page 4 of 8

	AMERICAN INTERNATIONAL GROUP STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	CISCO SYSTEMS INC. STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	DELL INC. STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	TD AMERITRADE HOLDING CORP STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	TIME WARNER INC. NEW STOCK	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA-ENTERGY ARK INC. 4.72 PFD STOCK	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	IRA-DODGE & COX INTERNATIONAL FUND	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	IRA - FUNDAMENTAL INVESTORS CLASS A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	IRA - GROWTH FUND OF AMERICA CLASS C	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	IRA - KEELEY SMALL CAP VALUE FUND CLASS A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	ROSE EXTERMINATOR COMPANY, INC. 401(K) PLAN - PRINCIPAL FINANCIAL GROUP - MORLEY FINANCIAL SERVICES STABLE VALUE SIG FUND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	JANUS ORION FUND J SHARES - TRADITIONAL IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name ROBERT J. DOLD, JR.

Page 5 of 8

SP	AMERITRADE IRA ROLLOVER - INSURED DEPOSIT ACCOUNT	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	AMERITRADE IRA ROLLOVER - INTEL CORP. STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	ALL OUTSTANDING UNITS OF ROSE PEST SOLUTIONS, LLC D/B/A IMPERIAL PEST MANAGEMENT - A PEST MANAGEMENT COMPANY LOCATED IN THE RACINE WISCONSIN AREA	\$250,001 - \$500,000	NET INCOME FROM THE ACTIVITY	NONE	
	30% OF ALL OUTSTANDING STOCK OF ROSE EXTERMINATOR CO., INC. - A PEST MANAGEMENT COMPANY LOCATED IN NORTHFIELD ILLINOIS	\$1,000,001 - \$5,000,000	DIVIDENDS	NONE	
	20% OF ALL OUSTANDING UNITS OF FOUNTAINHEAD PARTNERS, LLC - A RENTAL PROPERTY LOCATED IN MICHIGAN CITY INDIANA	\$15,001 - \$50,000	RENT	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name ROBERT J. DOLD, JR.

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	MCDONALD'S CORP STOCK	S	Yes	12/30/10	\$15,001 - \$50,000
	TIME WARNER CABLE	S	No	12/30/10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name ROBERT J. DOLD, JR.

Page 7 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	CHARTER ONE BANK		MORTGAGE ON 414 FRONTAGE RD. NORTHFIELD IL 60093	\$500,001 - \$1,000,000
	SALLE MAE		STUDENT LOAN	\$15,001 - \$50,000
	WUNDERLICH SECURITY		LOAN	\$15,001 - \$50,000
JT	CHASE		CREDIT CARD	\$15,001 - \$50,000

SCHEDULE VIII - POSITIONS

Name ROBERT J. DOLD, JR.

Page 8 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MANAGING MEMBER	ROSE PEST SOLUTIONS, LLC
PRESIDENT	ROSE EXTERMINATOR COMPANY, INC.

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

Page 1 of 5

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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

Name: Adam Daniel Kintzinger

Daytime Telephone: 202 225 3635

Filer Status



Member of the U.S.
House of Representatives

State: Illinois
District: 11



Officer or
Employee

Employing Office:

Report Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

**A \$200 penalty shall be assessed
against anyone who files more than
30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.

Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
If yes, complete and attach Schedule II.

Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule III.

Yes ☒ No ☐

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
If yes, complete and attach Schedule IV.

Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule V.

Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
If yes, complete and attach Schedule VI.

Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
If yes, complete and attach Schedule VII.

Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
If yes, complete and attach Schedule VIII.

Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX.

Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction P, S, E	
		A	B	C	D	E	F	G	H	I	J	K	L						I	II	III	IV	V	VI	VII	VIII	IX	X	XI			
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000		Over \$5,000,000
	American Funds - Roth IRA (attached)			X										X		X																
	Northwest Mutual Life Ins (cash)			X										X		X																
	USAA Savings Bank Mutual Funds (cash)			X												X																
	USAA Checking Acct			X												X																
	Boston Beer Inc	X														X																
	American Funds - Mutual	X												X		X																
	USAA Savings Bank CD	X														X																
	USAA Savings Bank CD	X														X																
	x American Funds Both																															
	(AmCap Fund)			X										X		X																
	(Europacific Growth)			X										X		X																
	(Small Cap)			X										X		X																
	(Target Date 2015)			X										X		X																
	x American Funds Mutual																															
	(Amcap Funds)	X																														
	(Small Cap)	X																														
	(Europacific Growth)	X																														

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SCHEDULE IV— TRANSACTIONS

Name

Page 4 of 5

<p>Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.</p> <p>Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.</p>			Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE		A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
SP, DC, JT	Asset																
SP	Example:	Mega Corporation Common Stock (partial sale)		X			10-12-10		X								
		USAA Savings Bank CD		X			05-01-10	X									
		USAA Savings Bank CD		X			05-10-10	X									
		American Funds - Mutual (Smallcap)		X			01-10-10	X									
	"	(Euro-pacific Growth)		X			01-10-10	X									
	"	(Amcap Fund)		X			01-10-10	X									
		American Funds - Roth IRA (Smallcap)	X				01-04-10	X									
		(Europacific Growth Fund)	X				01-04-10	X									
		(Amcap Fund)	X				01-04-10	X									
		* Remainder Roth Transactions Attached(A)	X														
		Northwest Mutual Life Ins (cash)	X				01-02-10 12-02-10	X									
		American Funds - Roth (Target date 2045) attached	X														

SCHEDULE IV— TRANSACTIONS

Name

Page 5 of 5

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

			Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE			A	B	C	D	E	F	G	H	I	J
SP	Example:	Mega Corporation Common Stock (partial sale)		X			10-12-10		X								
	China Green Agriculture Inc		X				06/04/10	X									
	China Green Agriculture Inc			X			06/11/10	X									
	China Green Agriculture Inc		X				06/17/10	X									
	China Green Agriculture Inc			X			08/02/10	X									
	Citigroup Inc		X				12/12/09	X									
	Citigroup Inc			X			03/10/10	X									
	Citigroup Inc		X				03/29/10	X									
	Citigroup Inc			X			03/30/10	X									
	Citigroup Inc		X				04/08/10	X									
	Citigroup Inc			X			04/21/10	X									
	Citigroup Inc		X				05/05/10	X									
	Citigroup Inc			X			11/05/10	X									
	Boston Beer Inc		X				03/10/10	X									
	Boston Beer Inc			X		X	05/27/10	X									
	Boston Beer Inc		X				06/11/10	X									
	Boston Beer Inc			X		X	11/23/10										

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From: 01/01/2010

To: 12/31/2010

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CB&T CUST ROTH IRA ADAM KINZINGER			Account			
Trade date	Fund name	Transaction	Transaction amount	Share price	Shares this transaction	Share balance
12/29/2010	AMERICAN FUNDS TARGET DATE 2045 - A (68)	SHORT TERM GAIN 0.041	\$86.98	\$9.38	9.2730	2,181.224
12/29/2010	AMERICAN FUNDS TARGET DATE 2045 - A (68)	INCOME DIVIDEND 0.1642	\$348.35	\$9.38	37.1380	2,171.951
12/29/2010	AMERICAN FUNDS TARGET DATE 2045 - A (68)	CAPITAL GAIN 0.059	\$125.17	\$9.38	13.3440	2,134.813
12/27/2010	AMERICAN FUNDS TARGET DATE 2045 - A (68)	2010 AUTOMATIC CONTRIB Sales charge 5.04% ¹ This investment was made at the \$25,000 discount level.	\$800.00 -40.32	\$10.12	79.0510 000.0000	2,121.469 2,121.469
12/10/2010	AMERICAN FUNDS TARGET DATE 2045 - A (68)	2011 ANNUAL FEE	\$-10.00	\$9.51	1.0520	2,042.418
12/01/2010	AMERICAN FUNDS TARGET DATE 2045 - A (68)	2010 AUTOMATIC CONTRIB Sales charge 5.01% ¹ This investment was made at the \$25,000 discount level.	\$350.00 -17.52	\$9.79	35.7510 000.0000	2,043.470 2,043.470
11/01/2010	AMERICAN FUNDS	2010 AUTOMATIC CONTRIB	\$350.00 -17.55	\$9.77	35.8240 000.0000	2,007.719 2,007.719

ATTACHMENT
A

Trade date	Fund name	Transaction	Transaction amount	Share price	Shares this transaction	Share balance
10/01/2010	TARGET DATE 2045 - A (68)	<u>Sales charge</u> 5.01% ¹ This investment was made at the \$25,000 discount level.				
	AMERICAN FUNDS TARGET DATE 2045 - A (68)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 4.96% ¹ This investment was made at the \$25,000 discount level.	\$350.00 -17.37	\$9.47	36.9590 000.0000	1,971.895 1,971.895
09/21/2010	AMCAP FUND - A (02)	EXCHANGE TO AFTD45-A	\$-5700.98	\$16.79	339.5460	0.000
09/21/2010	AMERICAN FUNDS TARGET DATE 2045 - A (68)	EXCHANGE FROM SCWF-A The above investment was placed with no sales charge.	\$5841.53	\$8.88	657.8300	1,934.936
09/21/2010	AMERICAN FUNDS TARGET DATE 2045 - A (68)	EXCHANGE FROM AMCAP-A The above investment was placed with no sales charge.	\$5700.98	\$8.88	642.0020	1,277.106
09/21/2010	AMERICAN FUNDS TARGET DATE 2045 - A (68)	EXCHANGE FROM EUPAC-A The above investment was placed with no sales charge.	\$5639.72	\$8.88	635.1040	635.104
09/21/2010	EUROPACIFIC GROWTH FUND - A (16)	EXCHANGE TO AFTD45-A	\$-5639.72	\$39.07	144.3490	0.000
09/21/2010	SMALLCAP WORLD FUND - A (35)	EXCHANGE TO AFTD45-A	\$-5841.53	\$35.11	166.3780	0.000
09/02/2010	EUROPACIFIC GROWTH FUND - A (16)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.01% ¹	\$100.00 -5.01	\$39.12	2.5560 000.0000	144.349 144.349

Trade date	Fund name	Transaction	Transaction amount	Share price	Shares this transaction	Share balance
09/02/2010	SMALLCAP WORLD FUND - A (35)	This investment was made at the \$25,000 discount level.				
		2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.01% ¹ This investment was made at the \$25,000 discount level.	\$100.00 -5.01	\$34.93	2.8630 000.0000	166.378 166.378
09/01/2010	AMCAP FUND - A (02)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.77% ¹	\$150.00 -8.66	\$16.80	8.9290 000.0000	339.546 339.546
08/02/2010	AMCAP FUND - A (02)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 4.97% ¹ This investment was made at the \$25,000 discount level.	\$150.00 -7.46	\$17.49	8.5760 000.0000	330.617 330.617
08/02/2010	EUROPACIFIC GROWTH FUND - A (16)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.01% ¹ This investment was made at the \$25,000 discount level.	\$100.00 -5.01	\$40.11	2.4930 000.0000	141.793 141.793
08/02/2010	SMALLCAP WORLD FUND - A (35)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 4.99% ¹ This investment was made at the \$25,000 discount level.	\$100.00 -4.99	\$35.48	2.8180 000.0000	163.515 163.515
07/02/2010	EUROPACIFIC GROWTH FUND - A (16)	2010 AUTOMATIC CONTRIB	\$100.00 -5.74	\$36.22	2.7610 000.0000	139.300 139.300

Trade date	Fund name	Transaction	Transaction amount	Share price	Shares this transaction	Share balance
07/02/2010	SMALLCAP WORLD FUND - A (35)	<u>Sales charge</u> 5.74% ¹				
		2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.75% ¹	\$100.00 -5.75	\$32.72	3.0560 000.0000	160.697 160.697
07/01/2010	AMCAP FUND - A (02)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.72% ¹	\$150.00 -8.58	\$16.25	9.2310 000.0000	322.041 322.041
06/18/2010	AMCAP FUND - A (02)	INCOME DIVIDEND 0.08	\$24.90	\$16.57	1.5030	312.810
06/02/2010	EUROPACIFIC GROWTH FUND - A (16)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.76% ¹	\$100.00 -5.76	\$36.81	2.7170 000.0000	136.539 136.539
06/02/2010	SMALLCAP WORLD FUND - A (35)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.74% ¹	\$100.00 -5.74	\$33.79	2.9590 000.0000	157.641 157.641
06/01/2010	AMCAP FUND - A (02)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.74% ¹	\$150.00 -8.61	\$17.08	8.7820 000.0000	311.307 311.307
05/03/2010	AMCAP FUND - A (02)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.74% ¹	\$150.00 -8.61	\$19.17	7.8250 000.0000	302.525 302.525
05/03/2010	EUROPACIFIC GROWTH FUND - A (16)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.75% ¹	\$100.00 -5.75	\$40.50	2.4690 000.0000	133.822 133.822
05/03/2010	SMALLCAP WORLD FUND - A (35)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.74% ¹	\$100.00 -5.74	\$37.08	2.6970 000.0000	154.682 154.682
04/05/2010	EUROPACIFIC GROWTH FUND - A (16)	2010 AUTOMATIC CONTRIB	\$100.00 -5.75	\$41.73	2.3960 000.0000	131.353 131.353

Trade date	Fund name	Transaction	Transaction amount	Share price	Shares this transaction	Share balance
		<u>Sales charge</u> 5.75% ¹				
04/05/2010	SMALLCAP WORLD FUND - A (35)	2010 AUTOMATIC CONTRIB	\$100.00 -5.76	\$36.48	2.7410 000.0000	151.985 151.985
		<u>Sales charge</u> 5.76% ¹				
04/01/2010	AMCAP FUND - A (02)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.77% ¹	\$150.00 -8.65	\$18.72	8.0130 000.0000	294.700 294.700
03/02/2010	EUROPACIFIC GROWTH FUND - A (16)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.76% ¹	\$100.00 -5.76	\$39.08	2.5590 000.0000	128.957 128.957
03/02/2010	SMALLCAP WORLD FUND - A (35)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.74% ¹	\$100.00 -5.74	\$33.96	2.9450 000.0000	149.244 149.244
03/01/2010	AMCAP FUND - A (02)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.75% ¹	\$150.00 -8.62	\$17.76	8.4460 000.0000	286.687 286.687
02/02/2010	EUROPACIFIC GROWTH FUND - A (16)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.74% ¹	\$100.00 -5.74	\$39.53	2.5300 000.0000	126.398 126.398
02/02/2010	SMALLCAP WORLD FUND - A (35)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.75% ¹	\$100.00 -5.75	\$33.23	3.0090 000.0000	146.299 146.299
02/01/2010	AMCAP FUND - A (02)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.76% ¹	\$150.00 -8.64	\$17.19	8.7260 000.0000	278.241 278.241
01/04/2010	AMCAP FUND - A (02)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.77% ¹	\$150.00 -8.65	\$17.86	8.3990 000.0000	269.515 269.515

Trade date	Fund name	Transaction	Transaction amount	Share price	Shares this transaction	Share balance
01/04/2010	EUROPACIFIC GROWTH FUND - A (16)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.76% ¹	\$100.00 -5.76	\$41.69	2.3990 000.0000	123.868 123.868
01/04/2010	SMALLCAP WORLD FUND - A (35)	2010 AUTOMATIC CONTRIB <u>Sales charge</u> 5.74% ¹	\$100.00 -5.74	\$34.15	2.9280 000.0000	143.290 143.290

¹ **Sales charge rate.** Sales charges are based on the size of your purchase, current holdings or future purchases. The sales charge rate you may have paid can vary from the rate disclosed in the prospectus due to rounding when calculating the share price and number of shares purchased. For information on sales charges and discounts, please refer to the fund's [prospectus](#) or your [Welcome \(2 PDF, 118K\)](#) brochure (your shareholder reference guide).

*Pending transactions on your account will be shown above in orange. Pending transactions have been successfully transmitted to American Funds; however, because the transactions have not yet been accepted or posted to your account, they are not reflected in your current share balance. American Funds reserves the right to reject any transaction. If pending transactions are accepted, your updated share balance will be available the following morning. Pending transactions are subject to written confirmation from American Funds.

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UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		FORM A Page 1 of 5 For use by Members, officers, and employees	
JERRY F. COSTELLO (Full Name)		WM B. SCHALTENBRAND (618) 398-4173 (Daytime Telephone)	
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative State: <u>IL</u> District: <u>12</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date: _____

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2011 MAY 12 PM 2:43

(Office Use Only) U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p> <p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p> <p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p> <p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p> <p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p> <p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p> <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p> <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p> <p style="text-align: center;">Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name JERRY F. COSTELLO

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
ILLINOIS MUNICIPAL RETIREMENT FUND	RETIREMENT*	\$16,743
STATE OF ILLINOIS	RETIREMENT*	\$1,464
SOUTHWESTERN ILLINOIS COLLEGE	SPOUSE SALARY	N/A
STATE OF ILLINOIS TEACHER'S RETIREMENT	SPOUSE RETIREMENT*	N/A
*NOT SELF-DIRECTED		

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JERRY F. COSTELLO

Page 3 of 5

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
CONGRESSIONAL FEDERAL CREDIT UNION	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
STATE OF ILLINOIS-IMRF	\$15,001 - \$50,000	ILLINOIS RETMT	\$15,001 - \$50,000 PENSION	
GOLDMAN SACHS TR FIN'L SQUARE MMKT FD-CL 1-IRA	None	None	NONE	S
BANK DEPOSIT SWEEP OPTION MMKT FD-IRA	\$50,001 - \$100,000	None	NONE	
CITIGROUP, INC-IRA	\$15,001 - \$50,000	None	NONE	P
SP BANK DEPOSIT SWEEP OPTION MMKT FD-IRA	\$100,001 - \$250,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JERRY F. COSTELLO

Page 4 of 5

SP	GOLDMAN SACHS TR FIN'L SQUARE MMKT FD-CL I-IRA	None	None	NONE	S
SP	DOW CHEMICAL CO. - IRA	None	None	NONE	S

SCHEDULE IV - TRANSACTIONS

Name JERRY F. COSTELLO

Page 5 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	CITIGROUP, INC-IRA	P		04-20-10	\$15,001 - \$50,000
SP	DOW CHEMICAL CO. - IRA	S	No	05-10-10	\$1,001 - \$15,000
	GOLDMAN SACHS TR FIN'L SQUARE MMKT FD-CL 1-IRA				
	GOLDMAN SACHS TR FIN'L SQUARE MMKT FD-CL 1-IRA	S	No	01-08-10	\$100,001 - \$250,000
SP	GOLDMAN SACHS TR FIN'L SQUARE MMKT FD-CL 1-IRA	S	No	01-08-10	\$100,001 - \$250,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A

For use by Members, officers, and employees

Page 1 of 9

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2011 MAY 16 AM 11:47

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Name: RANDALL MARK HULTGREN

Daytime Telephone: 202-225-2976

Filer Status



Member of the U.S.
House of Representatives

State: IL

District: 14



Officer or
Employee

Employing Office:

Report Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

**A \$200 penalty shall be assessed
against anyone who files more than
30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.

Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
If yes, complete and attach Schedule II.

Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule III.

Yes ☒ No ☐

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
If yes, complete and attach Schedule IV.

Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule V.

Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
If yes, complete and attach Schedule VI.

Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
If yes, complete and attach Schedule VII.

Yes ☐ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
If yes, complete and attach Schedule VIII.

Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX.

Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

Name RANDALL M. HULTGREN Page 4 of 9

[illegible]

Continuation Sheet (if needed)

Randzahl Holzgrenz

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SCHEDULE IV— TRANSACTIONS

Name

Randall HULTGREN

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Type of Transaction

PURCHASE

SALE

EXCHANGE

Check Box if Capital Gain Exceeded \$200

Date

(MO/DAY/YR)
or
Quarterly,
Monthly, or
Bi-weekly, if
applicable

Amount of Transaction

A
\$1,001-
\$15,000

B
\$15,001-
\$50,000

C
\$50,001-
\$100,000

D
\$100,001-
\$250,000

E
\$250,001-
\$500,000

F
\$500,001-
\$1,000,000

G
\$1,000,001-
\$5,000,000

H
\$5,000,001-
\$25,000,000

I
\$25,000,001-
\$50,000,000

J
Over
\$50,000,000

SP, DC, JT

Asset

SP

Example:

Mega Corporation Common Stock (partial sale)

X

10-12-10

X

N/A

SCHEDULE V— LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	None													

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NONE		

SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
STATE SENATOR	STATE OF ILLINOIS
VICE PRESIDENT	PERFORMANCE TRUST INVESTMENT ADVISORS

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

FORM A

Page 1 of 6

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

MAY 13 PM 3:53

Timothy Vincent Johnson

212-225-2371

(Full Name)

(Daytime Telephone)

HAND DELIVERED

(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representative
State: IL
District: 15

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
State of Illinois	Legislative Pension	\$68,485

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy Vincent Johnson

Page 3 of 6

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
1st Mid-Illinois Bank & Trust Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
AMCAP Fund	\$15,001 - \$50,000	None	NONE	
American Century Equity Income Fund	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
Bank of Rantoul Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
Busey Bank of St. Joseph Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
Central Illinois Bank of Sidney Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy Vincent Johnson

Page 4 of 6

	Condominium (1/2 Interest) Rua Porto das Dunas 2734 Acquiraz, CE Brazil	\$15,001 - \$50,000	RENT	\$2,501 - \$5,000	
	DWS High Income Fund	\$15,001 - \$50,000	DIVIDENDS	\$2,501 - \$5,000	
	Eaton Vance Floating Rate Fund	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
	Federated Capital Reserves	\$1,001 - \$15,000	None	NONE	
	Fidelity Advisor Leveraged Company	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Fidelity Advisor Mid Cap Stock	\$50,001 - \$100,000	None	NONE	
	Fidelity Advisor New Insights	None	DIVIDENDS	\$1 - \$200	S
	Fidelity Advisor New Insights	None	CAPITAL GAINS	\$5,001 - \$15,000	S
	Fidelity Advisor Small Cap	\$50,001 - \$100,000	CAPITAL GAINS	\$1,001 - \$2,500	
	Fidelity Advisor Small Cap Value	\$50,001 - \$100,000	CAPITAL GAINS	\$201 - \$1,000	
	Fidelity Advisor Small Cap Value	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
	First National Bank in Paxton Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	First National Bank of Ogden Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy Vincent Johnson

Page 5 of 6

	Franklin Strategic Income Fund	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
	Hartford Capital Appreciation Fund	\$15,001 - \$50,000	None	NONE	
	I Shares TRS Russell 2000 Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Janus Overseas	\$100,001 - \$250,000	DIVIDENDS	\$1 - \$200	
	Longview State Bank Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Lord Abbott Short Duration Income Fund	\$50,001 - \$100,000	CAPITAL GAINS	\$1 - \$200	
	Lord Abbott Short Duration Income Fund	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
	Philo Exchange Bank Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	PIMCO Total Return	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
	PIMCO Total Return	\$50,001 - \$100,000	CAPITAL GAINS	\$201 - \$1,000	
	Sidell State Bank Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Tuscola National Bank Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Villa Grove State Bank Certificate of Deposit	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name Timothy Vincent Johnson

Page 6 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Fidelity Advisor New Insights Fund	S	Yes	12-14-2010	\$50,001 - \$100,000
	Fidelity Advisor New Insights Fund	S(part)	No	06-02-2010	\$1,001 - \$15,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

Page 1 of 5

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY -5 PM 3:37

OFFICE OF THE CLERK
 (Office Use Only) REPRESENTATIVES

Name: Donald A. MANZULLO

Daytime Telephone: 2022255676

Filer Status	<input type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u> District: <u>16</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name Donald A. Manzuillo

Page 2 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

BLOCK B

Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”

A	B	C	D	E	F	G	H	I	J	K	L
None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check “None” if the asset generated no income during the reporting period.

NONE	
DIVIDENDS	
RENT	
INTEREST	
CAPITAL GAINS	
EXCEPTED/BLIND TRUST	
Other Type of Income	
Specify: e.g., Partnership Income or Farm Income)	

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check “None” if no income was earned or generated.

I	II	III	IV	V	VI	VII	VIII	IX	X	XI
None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000

BLOCK E

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

If only a portion of an asset is sold, please indicate as follows:
(S) (partial)
See below for example.

P,
S,
E

SP	DC	JT	Asset and/or Income Source	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
			SP Mega Corp. Stock				X									X			X		Royalties				X									S (partial)
			DC, Examples: Simon & Schuster				Indefinite																											
			JT 1st Bank of Paducah, KY Accounts					X									X										X							
			ST OFFICE BUILDING, 401 WASH. ST., OREGON, FL.					X									X											X						
			FARM, GSAH, FL.					X								X							X											
			★ DONALD MANZULLO PENSION CONVERSION IRA (SAVANT)						X							X							X											
			★ JT ACCT-MUTUAL FUNDS (SAVANT)				X									X			X								X							

★ See Attachment

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

Donald Manzillo

3 of 5

[illegible]

* See Attachment

This page may be copied if more space is required.

Name DONALD A. MANZOLLO Page 4 of 5

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

[illegible]

SCHEDULE V— LIABILITIES

Name Don & L. A. Manzullo

Page 5 of 5

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	PNC BANK-ST Liability with		2002- 2006	College loans										
	Son, Neil,					X								
	PNC BANK-ST Liability with		2005- 2009	College loans	X									
	Son, Noel													

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

**Addenda to Schedules III and IV 2010 Financial
Disclosure Form**

Donald Manzullo (Pension Conversion) IRA (Savant)

Powershares DB Comm Ind Fd ETF	\$1,000 to \$15,000
SPDR DJ Wilshire Intl Real Estate	\$1,001 to \$15,000
Mutual Funds	
DFA US Micro Cap Fund	\$51,001 to \$100,000
DFA Int'l SML PTFL	\$15,001 to \$50,000
DFA Enhanced US Lrg Co Fund	\$1,001 to \$15,000
DFA Sm Cap Val PTFL	\$15,001 to \$50,000
DFA Int'l III Fund	\$15,001 to \$50,000
DFA US Large III	\$50,001 to \$100,000
Eaton Vance Emerging Mrkts Fnd	\$1,001 to \$15,000
Pimco Stocksplus Fd Instl	\$15,001 to \$50,000
Vanguard Small Cap Value Index Inst	\$50,001 to \$100,000
Vanguard Fd Sh Ben Int	\$15,001 to \$50,000
Vanguard REIT Index Instl	\$1,001 to \$15,000
Vanguard Wrld MegaCap 300Value Index	\$15,001 to \$50,000
Cash	\$1 to \$1,000
(Value of this account is under \$405,000)	
Sales and Purchases of this account from 1/1/10 to 12/31/10	
7/20/10 Sale PIMCO Funds REIT	\$1,001 - \$15,000
7/20/10 Purchase POWERSHARES DB ETF	\$1,001 - 15,000

Donald and Freda Manzullo Jt Account (Savant)

Mutual Funds

DFA US Sm Cap FD	\$1,001 to \$15,000
DFA US Marketwide Val II	\$1,001 to \$15,000
Eaton Vance Emerg Mkts I	\$15,001 to \$50,000
Vanguard Total Stock Mkt	\$15,001 to \$50,000
Vanguard Dev Mkts Index	\$15,001 to \$50,000
Vanguard Int Eq Euro Stk Index	\$1,001 to \$15,000
Cash	\$1 to \$1,000

(Value of Account is under \$75,000)

Sales and Purchases of this account from

1/1/10 to 12/31/10

none

Donald A. Manzullo - Schwab Roth IRA

Mutual Funds

Vanguard Small Cap Value	\$1 to \$1,000
DFA Int Small Cap Value	\$1,000 to \$15,000
Cash	\$1 to \$1,000

There were no sales or purchases for this account

For 1/1/10 to 12/31/10

(value of account under \$5,000)

Freda J Manzullo Schwab Roth IRA

Mutual Funds

Vanguard Small Cap Value Index	\$1,000 to \$15,000
Vanguard Small Cap Value	\$1 to \$1,000
Cash	\$1 to \$1,000

There were no sales or purchases for this account

For 1/1/10 to 12/31/10 (value of account under \$6,000)

Donald A. Manzullo Roth IRA Scott Trade

BLDRS Emerg Mks 50 ADR Index Fund	\$1,000 to \$15,000
ISHARES TR MSCI EAFE Indx Fund	\$1,000 to \$15,000
Precis Castparts Corp	\$1,000 to \$15,000
Cash	\$1 to \$1,000

There were no sales or purchases in this account for 1/1/10 to 12/31/10. (value of account less than \$6,000)

Freda Manzullo Roth IRA Scott Trade

BIDRS Emerg Mks 50 ADR Index Fund	\$1,000 to \$15,000
ISHARES TR MSCI EAFE Indx Fund	\$1,000 to \$15,000
Precis Castparts Corp	\$1,000 to \$15,000
Cash	\$1 to \$1,000

There were no sales or purchases in this account

For 1/1/10 to 12/31/10

(value of account less than \$6,000)

Freda Manzullo IRA Scott Trade

BIDRS Emerg Mks 50 ADR Index Fund	\$1,000 to \$15,000
ISHARES TR MSCI EAFE Indx Fund	\$1,000 to \$15,000
Precis Castparts Corp	\$1,000 to \$15,000
cash	\$1 to \$1,000

There were no sales or purchases in this account

For 1/1/10 to 12/31/10

(value of account less than \$15,000)

UNITED STATES HOUSE OF REPRESENTATIVES	Form A
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 3:11

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES**HAND DELIVERED**

MC

(Office Use Only)

Name: Robert Todd Schilling Daytime Telephone: 202-225-5905

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>IL</u> District: <u>17</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

Page 3 of 8

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income	BLOCK D Amount of Income											BLOCK E Transaction				
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> <p>If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.</p>				
			A	B	C	D	E	F	G	H	I	J	K	L		None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV		V	VI	VII	VIII
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X		X		Royalties	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	S (partial)
			Simon & Schuster	Indefinite																		X						X			
			1st Bank of Paducah, KY Accounts				X									X							X								
JT			SAINT GIUSEPPE INC.				X								X						X										
JT			HIGHNIGHT BUILDING				X									X									X						
JT			EDWARD JONES			X										X						X									S (PARTIAL)
JT			STOCKTON MO. LAND				X								X						X										
JT			LOAN TO BOBBY SCHILLING for Car	X											X						X										PAID BACK

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

Page 4 of 8

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SCHEDULE IV— TRANSACTIONS

Name

ROBERT T. SCHILLING

Page 5 of 8

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Type of Transaction

PURCHASE

SALE

EXCHANGE

Check Box if Capital Gain Exceeded \$200

Date

(MO/DAY/YR)
or
Quarterly,
Monthly, or
Bi-weekly, if
applicable

Amount of Transaction

A
\$1,001-
\$15,000B
\$15,001-
\$50,000C
\$50,001-
\$100,000D
\$100,001-
\$250,000E
\$250,001-
\$500,000F
\$500,001-
\$1,000,000G
\$1,000,001-
\$5,000,000H
\$5,000,001-
\$25,000,000I
\$25,000,001-
\$50,000,000J
Over
\$50,000,000

SP, DC, JT

Asset

SP

Example:

Mega Corporation Common Stock (partial sale)

X

10-12-10

X

JT

EDWARD JONES MURRY MARKET

X

2010

X

SCHEDULE V— LIABILITIES

Name

Page 6 of 8

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
JT	BLACKHAWK BANK & TRUST	May 2007	Equipment loan	X										
DC	SALLIE MAE	2006	STUDENT LOAN		X									
JT	BLACKHAWK BANK & TRUST	Dec 2010	PERSONAL		X									

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

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Name

ROBERT T. SCHILLING

Page

8 of 8

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
OWNER/OPERATOR	SAINT GIUSEPPE INC.

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

BOBBY SCHILLING
17TH DISTRICT, ILLINOIS

<http://schilling.house.gov>
www.twitter.com/RepSchilling

Congress of the United States House of Representatives

Washington, DC 20515

June 3, 2011

COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON
EMERGING THREATS AND CAPABILITIES
SUBCOMMITTEE ON READINESS
COMMITTEE ON AGRICULTURE
SUBCOMMITTEE ON
GENERAL FARM COMMODITIES AND
RISK MANAGEMENT

SUBCOMMITTEE ON
RURAL DEVELOPMENT, RESEARCH,
BIOTECHNOLOGY, AND FOREIGN AGRICULTURE

LEGISLATIVE RESOURCE CENTER
2011 JUN -3 PM 2: 30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Karen Haas
Clerk of the U.S. House of Representatives
Room H154
The United States Capitol
Washington DC, 20515

Dear Karen,

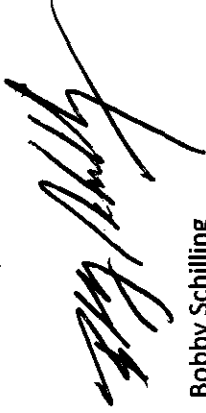
INSIDE MAIL

Please accept the following additional clarifying information related to the Financial Disclosure form I submitted on May 16, in response to the request of the Ethics Committee:

- 1) Under Schedule I, Earned Income; St. Giuseppe's is my family-owned pizza parlor in Moline, IL.
- 2) Under Schedule III, Assets and Unearned Income; The Hignight building is located in East Moline, IL.
- 3) My wife and I have two accounts with Edward Jones, the total of which is valued at \$1,000-\$15,000; a Money Market Account valued between \$1,000 and \$15,000 and an IRA, all of which is invested in Mutual Funds, valued between \$1,000 and \$15,000. They earn interest and Dividend income between \$2,501 and \$5,000

Thank you for your assistance in this matter. If you have any questions please do not hesitate to contact my chief of staff, Betsy Hawkings, or Executive Assistant, Claire Repass, at 5-5905.

Sincerely,



Bobby Schilling
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

Page 1 of 4

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 2:52

CLERK OF THE HOUSE
U.S. HOUSE OF REPRESENTATIVES

Name: Aaron Jon Schock

Daytime Telephone: 202.225.6201

HAND DELIVERED

(Office Use Only)

Filer Status



Member of the U.S.
House of Representatives

State: IL

District: 18



Officer or
Employee

Employing Office:

Report Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

A \$200 penalty shall be assessed
against anyone who files more than
30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.

Yes ☐

No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
If yes, complete and attach Schedule VI.

Yes ☐

No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
If yes, complete and attach Schedule II.

Yes ☐

No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
If yes, complete and attach Schedule VII.

Yes ☐

No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule III.

Yes ☒

No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
If yes, complete and attach Schedule VIII.

Yes ☐

No ☒

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
If yes, complete and attach Schedule IV.

Yes ☐

No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX.

Yes ☐

No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule V.

Yes ☒

No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐

No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐

No ☒

Continuation Sheet (if needed)

Page 2 of 4

This page may be copied if more space is required.

SCHEDULE V— LIABILITIES

Name Aaron Schock

Page 3 of 4

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	Dunlap Bank, Illinois			Mortgage on 2414 W Augusta Dr						X				
	Dunlap Bank, Illinois			financing for Old Orchard Land Tract										

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

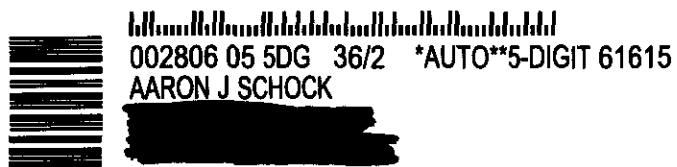
[illegible]



COMBINED SNAPSHOT [REDACTED]

Current period ending December 31, 2010

PRIMARY ACCOUNT NAME: AARON J SCHOCK



PRIMARY ACCOUNT NUMBER: [REDACTED]

Your Financial Advisor:
KUNKLE, HEMMER, MCRAVEN
INVESTMENT GROUP
Phone: 309-683-3701 / 800-654-8081

2411 W CORNERSTONE COURT
PEORIA, IL 61614

Message from Wells Fargo Advisors

ANNOUNCING NEW IRS COST BASIS ACCOUNTING RULES IN 2011. PLEASE REVIEW THE ENCLOSED BROCHURE FOR DETAILS. TO FIND OUT HOW ECONOMIC CHALLENGES COULD AFFECT YOUR INVESTMENT OPPORTUNITIES IN 2011, VISIT WELLSFARGOADVISORS.COM/OUTLOOK TO VIEW OUR ON-DEMAND PRESENTATION.

Command Asset Program News

TO CHECK YOUR ACCOUNT INFORMATION, CALL THE "CUSTOMER SERVICE" NUMBER ON YOUR STATEMENT AND USE YOUR 10-DIGIT COMMAND ACCOUNT NUMBER.

Wells Fargo Advisors, LLC, brokerage account(s) carried by First Clearing, LLC. Wells Fargo Advisors, LLC and First Clearing, LLC, Members FINRA/SIPC are separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company.

Investments and insurance products are:

NOT FDIC-INSURED

NO BANK GUARANTEE

MAY LOSE VALUE

General instructions and disclosures

About this statement

Clearing services

First Clearing, LLC ("FCC"), an indirect majority owned subsidiary of Wells Fargo & Company, is a clearing broker-dealer registered with the Securities and Exchange Commission ("SEC") and is a member of the New York Stock Exchange ("NYSE"), the Financial Industry Regulatory Authority ("FINRA") and all principal U.S. exchanges. FCC carries your account(s) and acts as your custodian for funds and securities deposited with us directly by you, through our affiliated broker-dealer, Wells Fargo Advisors, LLC ("Wells Fargo Advisors") or as a result of transactions we process for your account. Twice a year, FCC publishes on its web site www.firstclearingllc.com a statement of the firm's financial condition. Alternatively, a printed statement is available to you upon request. Unless and until we receive written notice from you to the contrary, FCC may, without inquiry or investigation, accept from Wells Fargo Advisors (i) orders for the purchase or sale of securities for your account on margin or otherwise, and (ii) any other instructions concerning your account.

Trade date statement

All activity and positions on this statement are shown as of the date a trade is entered on the brokerage trading system (i.e., the trade date). Proceeds from the sale of securities and costs for the purchase of securities are not transacted through your account until the actual settlement date of the trade, which may be up to three business days after the trade date (or longer for certain securities with an extended settlement date).

Pricing of securities

Securities prices reflected on your statement may vary from actual liquidation value. Prices shown are provided by outside quotation services which we believe to be reliable but due to the nature of market data the accuracy of such prices cannot be guaranteed, or in the absence of such pricing, are estimated by Wells Fargo Advisors using available information and its judgment. Such estimates may not reflect actual trades and do not reflect a commitment by the firm to buy or sell at those prices. Securities listed on a national exchange such as the NYSE or Nasdaq Stock Market are priced as of the close of the statement period. Unlisted shares may be valued at the current lowest published "bid-price", and, if none exists, the last reported transaction if occurring within the last 45 days. Prices of securities not actively traded may not be available and are indicated by "N/A." Corporate and municipal bonds and other fixed income securities are priced by a computerized pricing service or, for less actively traded issues, by utilizing a yield-based matrix system to arrive at an estimated market value. Listed options are priced based on the closing "bid-ask" prices and the last reported trade. Mutual fund shares are priced at net asset value. Shares of direct participation program ("DPP") and real estate investment trust ("REIT") securities that are not listed on a national exchange are generally illiquid. Because no formal trading market may exist for these investments, their values are estimated. Unless otherwise indicated, the values shown for DPP and REIT securities have been provided by the management of each program and represent that management's estimate of the investor's interest in the net assets of the program. See statement sections for additional pricing information. Prices for hedge funds and certain managed futures funds are provided on a month delay basis. Other managed futures funds may be priced more frequently. Long-term certificates of deposit (maturity beyond one year from date of issue) are priced using a market value pricing model. Generally, the sale or redemption price of your securities may be higher or lower than the prices shown on your statement. For an actual quote, contact the individual servicing your account.

Estimated annual income/yield

Estimated Annual Income (EAI), when available, reflects the estimated amount you would earn on a security if your current position and its related income remained constant for a year. Estimated Annual Yield (EAY), when available, reflects the current estimated annual income divided by the current value of the security as of the statement closing date. EAI and EAY are estimates and the actual income and yield might be lower or higher than the estimated amounts. EAY reflects only the income generated by an investment. It does not reflect changes in its price, which may fluctuate. The information used to derive these estimates is obtained from various outside vendors; FCC and our Firm are not responsible for incorrect or missing estimated annual income and yields. Past performance is not a guarantee of future results.

Income summary

The Income summary displays all income as recorded in the tax system as of period end date. The totals in the Cash flow snapshot may not match the totals in the Income snapshot due to reclassifications or other corrections made in the tax system. Remember, you may have certain products that are not included in these figures and whose income is only available on the tax forms sent to you at year-end. Reclassifications and other tax reporting requirements may alter these numbers both during and after year end. You should rely only on tax reporting documents. Contact your tax advisor if you have any questions about the tax consequences of your brokerage activity.

About your rights and responsibilities

Questions and complaints about Your Account

This account statement contains important information about your brokerage account, including recent transactions. All account statements sent to you shall be deemed complete and accurate if not objected to in writing within ten days of receipt. We encourage you to review the details in this statement. If you do not understand any of the information in your statement or if you believe there are any inaccuracies or discrepancies in your statement, you should promptly report them to both FCC and to the manager of the Wells Fargo Advisors office listed on the front of your statement. To further protect your rights, including any rights under the Securities Investor Protection Act, any verbal communications with either your Wells Fargo Advisors office or with FCC should be re-confirmed in writing. Inquiries or complaints about your account statement, including the positions and balances in your account, may be directed to Wells Fargo Advisors Client Services at (866) 887-2402 or First Clearing Client Services at ATTN: H0006-09P, 1 N. Jefferson Ave, St. Louis, MO 63103, (800) 727-0304.

Public Disclosure: You may reach FINRA by calling the FINRA Regulation Public Disclosure Program Hotline at (800) 289-9999 or by visiting FINRA Regulation online at www.finra.org. An investor brochure that includes information describing FINRA BrokerCheck is available from FINRA upon request. A brochure describing the FINRA Pricing of Securities Regulation Public Disclosure Program is also available from the FINRA upon request.

SIPC Protection

Securities and cash in client accounts have two sources of protection. Wells Fargo Advisors is a member of the Securities Investor Protection Corporation ("SIPC"). SIPC protects the clients of its member firms against the loss of their securities in the event of the member's insolvency and liquidation. Each client is insured up to a maximum of \$500,000 (including \$250,000 for claims for cash). For more information on SIPC coverage, please see the explanatory brochure at www.sipc.org or contact SIPC at (202) 371-8300. In addition, Wells Fargo Advisors maintains a program of excess protection. This additional insurance coverage is provided through London Underwriters (led by Lloyd's of London Syndicate) ("Lloyd's"). For clients who have received the full SIPC payout limit, Wells Fargo Advisors' policy with Lloyd's provides additional coverage above the SIPC limits for any missing securities and cash in client brokerage accounts up to a firm aggregate limit of \$1 billion (including up to \$1.9 million for cash per client). SIPC and the additional protection do not insure the quality of investments or protect against losses from fluctuating market value.

Investor education

Wells Fargo Advisors publishes on its web site www.wellsfargoadvisors.com information on topics of interest to investors as well as market commentary and economic analysis. Wells Fargo Advisors has also developed numerous investor education guides to provide you with important information regarding the products and services we offer. These guides may be found under the "Investor Education" tab.

Free credit balances

Free credit balances are not segregated and may be used by FCC in the operation of its business in accordance with 17CFR Section 240.15c3-2 & -3 under the Securities and Exchange Act of 1934. You have the right to receive from us in the course of normal business operations, subject to any open commitments in any of your accounts, any free credit balances to which you are entitled.

Investment objectives/Risk tolerances

Please inform us promptly of any material change that might affect your investment objectives, risk tolerances or financial situation, or if you wish to impose or change any reasonable restrictions on the management of your account. A copy of the Investment Advisory Services Disclosure document is available without charge upon request. Please contact the individual denoted on the front of your statement to update your information and to receive a copy of this document.

Tax reporting

We are required by federal law to report annually to you and to the Internal Revenue Service ("IRS") on Form 1099 and 1099B certain interest, dividend income and sales proceeds credited to your account.





COMBINED SNAPSHOT

AARON J SCHOCK

December 1 - December 31, 2010

PRIMARY ACCOUNT NUMBER: [REDACTED]

Your Financial Advisor

Please visit us at www.wellsfargoadvisors.com.

KUNKLE, HEMMER, MCRAVEN
INVESTMENT GROUP
Phone: 309-683-3701 / 800-654-8081

2411 W CORNERSTONE COURT
PEORIA, IL 61614

What's inside your combined Snapshot ...

ACCOUNT NAME	STATEMENT ENCLOSED	ACCOUNT NUMBER	TAX STATUS	PREVIOUS VALUE ON NOV 30	NET CHANGE	CURRENT VALUE ON DEC 31
AARON J SCHOCK	Yes	6904-4541	Taxable	43,559.45	3,047.43	46,606.88
AARON J SCHOCK (ROTH IRA) FCC AS CUSTODIAN	Yes	7060-7135	Retirement	27,964.40	1,620.14	29,584.54
Total				\$71,523.85	\$4,667.57	\$76,191.42

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COMBINED SNAPSHOT

AARON J SCHOCK

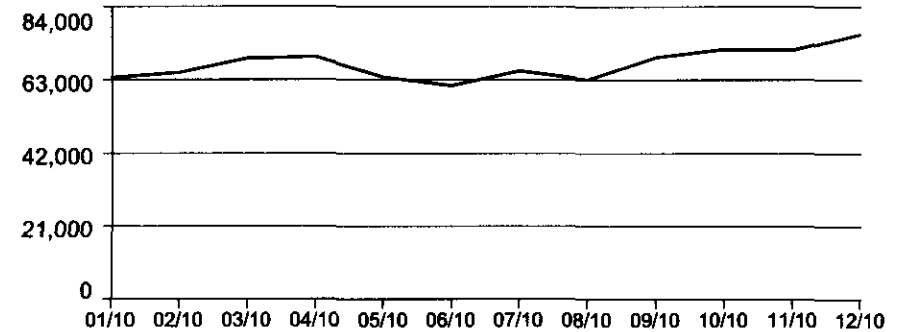
December 1 - December 31, 2010

PRIMARY ACCOUNT NUMBER [REDACTED]

Combined progress summary

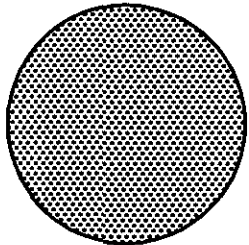
	THIS PERIOD	THIS YEAR
Opening value	\$71,523.85	\$66,315.43
Cash deposited	0.00	0.00
Securities deposited	0.00	0.00
Cash withdrawn	0.00	-665.48
Securities withdrawn	0.00	0.00
Income earned	655.64	890.45
Change in value	4,011.93	9,651.02
Closing value	\$76,191.42	\$76,191.42

Value over time



Combined portfolio summary

CURRENT



ASSETS

ASSET TYPE	PREVIOUS VALUE ON NOV 30	%	CURRENT VALUE ON DEC 31	%	ESTIMATED ANN. INCOME
Cash and sweep balances	0.00	0.00	0.00	0.00	0
Stocks, options & ETFs	0.00	0.00	0.00	0.00	0
Fixed income securities	0.00	0.00	0.00	0.00	0
Mutual funds	71,523.85	100.00	76,191.42	100.00	833
Asset value	\$71,523.85	100%	\$76,191.42	100%	\$833

COMBINED SNAPSHOT

AARON J SCHOCK

December 1 - December 31, 2010

PRIMARY ACCOUNT NUMBER

Combined cash flow summary

	THIS PERIOD	THIS YEAR
Opening value of cash and sweep balances	\$0.00	
Income and distributions	655.64	890.45
Securities sold and redeemed	0.00	10,658.95
Net additions to cash	\$655.64	\$11,549.40
Securities purchased	-655.64	-10,883.92
Other subtractions	0.00	-665.48
Net subtractions from cash	-\$655.64	-\$11,549.40
Closing value of cash and sweep balances	\$0.00	

Combined gain/loss summary

	UNREALIZED	THIS PERIOD REALIZED	THIS YEAR REALIZED
TAXABLE ACCOUNTS			
Short term	2,253.67	0.00	-1.31
Long term	6,515.36	0.00	-1,990.47
Total for taxable accounts	\$8,769.03	\$0.00	-\$1,991.78
RETIREMENT ACCOUNTS			
Total for retirement accounts	\$2,261.29	\$0.00	\$18.14
COMBINED SNAPSHOT TOTALS			
Total gain/loss on all accounts	\$11,030.32	\$0.00	-\$1,973.64

Combined income summary

	THIS PERIOD	THIS YEAR
TAXABLE ACCOUNTS		
Ordinary dividends and ST capital gains	325.53	462.81
Long term capital gains	0.01	0.01
Taxable income on taxable accounts	\$325.54	\$462.82
Tax exempt income on taxable accounts	\$0.00	\$0.00
Subtotal income on taxable accounts	\$325.54	\$462.82
RETIREMENT ACCOUNTS		
Subtotal income on retirement accounts	\$330.10	\$370.51
COMBINED SNAPSHOT TOTALS		
Total income on all accounts	\$655.64	\$833.33





PRIMARY ACCOUNT NUMBER: [REDACTED]

28,837

PRIMARY ACCOUNT NAME: AARON J SCHOCK

Specific instructions and disclosures

Available funds

"Available for loan" reflects the approximate amount available as of the statement period ending date and should be reduced by any pending checks and Visa charges not yet cleared. This amount is the approximate amount available for withdrawal and loans. A margin loan is a variable rate loan secured by your account.

Cost basis

This statement presents estimated unrealized or realized gains or losses for your information only. If acquisition or other information is not available, the gain/loss information may not be displayed and section and summary totals may not reflect your complete portfolio. Cost basis information is not verified by FCC or Wells Fargo Advisors and should not be relied upon for legal or tax purposes. Revisions to this information (due to corporate mergers, tenders and other reorganizations) may be required from time to time. To update your cost information or provide omitted cost information, contact Your Financial Advisor.

Cost basis for factored bonds (GNMA, CMO, etc.) will be adjusted for paydown of principal. Systematic investments in mutual funds and reinvested dividends for mutual funds and stocks have been consolidated for each position. Unit cost data for systematic investments and dividend reinvestment securities is provided for informational purposes only and is a non-weighted average.

Your account statement should not be used for tax preparation without assistance from your tax consultant because it does not constitute an official accounting of gains/losses. We do not report capital gains or losses to the IRS.

IRA withholding notice

Form W-4P/OMB No. 1454-0415

The withdrawals you receive from your IRA (except Education IRA) are subject to Federal income tax withholding unless you elect not to have withholding apply. If you have a periodic, or an "on demand" distribution, your election regarding our withholding of Federal income tax on your behalf stays in effect until you change it. You may change or revoke your election at any time and as often as you wish by completing a new election form. If you elect check writing privileges, you will also have previously elected to have no withholding on your withdrawals. If you decide to have taxes withheld you will not be eligible for check writing from your IRA. If you elect not to have taxes withheld you will be liable for payment of all taxes due on the taxable portion of your distribution and you may be responsible for payment of estimated tax. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

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SNAPSHOT

Page 1 of 13

AARON J SCHOCK

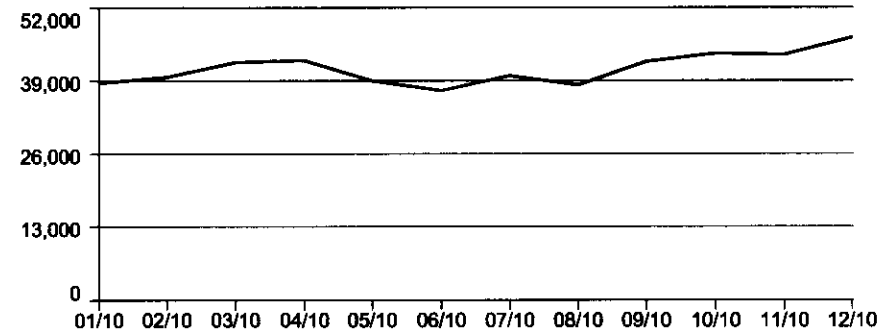
DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Progress summary

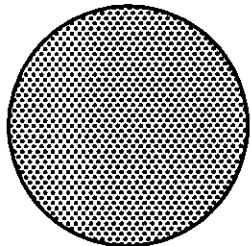
	THIS PERIOD	THIS YEAR
Opening value	\$43,559.45	\$40,343.57
Cash deposited	0.00	0.00
Securities deposited	0.00	0.00
Cash withdrawn	0.00	-405.22
Securities withdrawn	0.00	0.00
Income earned	325.54	502.35
Change in value	2,721.89	6,166.18
Closing value	\$46,606.88	\$46,606.88

Value over time



Portfolio summary

CURRENT



ASSETS

	Cash and sweep balances
	Stocks, options & ETFs
	Fixed income securities
	Mutual funds

Asset value

PREVIOUS VALUE ON NOV 30	%	CURRENT VALUE ON DEC 31	%	ESTIMATED ANN. INCOME
0.00	0.00	0.00	0.00	0
0.00	0.00	0.00	0.00	0
0.00	0.00	0.00	0.00	0
43,559.45	100.00	46,606.88	100.00	553
\$43,559.45	100%	\$46,606.88	100%	\$553

SNAPSHOT

AARON J SCHOCK

Page 2 of 13

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER

Cash flow summary

	THIS PERIOD	THIS YEAR
Opening value of cash and sweep balances	\$0.00	
Income and distributions	325.54	502.35
Securities sold and redeemed	0.00	10,398.69
Net additions to cash	\$325.54	\$10,901.04
Securities purchased	-325.54	-10,495.82
Other subtractions	0.00	-405.22
Net subtractions from cash	-\$325.54	-\$10,901.04
Closing value of cash and sweep balances	\$0.00	

Income summary

	THIS PERIOD	THIS YEAR
TAXABLE Ordinary dividends and ST capital gains	325.53	462.81
Long term capital gains	0.01	0.01
Total taxable income	\$325.54	\$462.82
Total federally tax-exempt income	\$0.00	\$0.00
Total income	\$325.54	\$462.82

Gain/loss summary

	UNREALIZED	THIS PERIOD REALIZED	THIS YEAR REALIZED
Short term	2,253.67	0.00	-1.31
Long term	6,515.36	0.00	-1,990.47
Total	\$8,769.03	\$0.00	-\$1,991.78



**SNAPSHOT**

Page 3 of 13

AARON J SCHOCK

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Your Financial Advisor

KUNKLE, HEMMER, MCRAVEN
INVESTMENT GROUP
Phone: 309-683-3701 / 800-654-8081

2411 W CORNERSTONE COURT
PEORIA, IL 61614

Client service information

Banking inquiries: 800-266-6263 (800) COMMAND
En español: 800-326-8977
Website: www.wellsfargoadvisors.com

Account profile

Full account name:	AARON J SCHOCK
Account type:	Command Asset Program
Brokerage account number:	6904-4541
Command account number:	9076401718
Tax status:	Taxable
Investment objective/Risk tolerance:	MODERATE GROWTH & INCOME
Cost Basis Election:	First in, First out
Sweep option:	BANK DEPOSIT SWEEP
Your managed program:	FUNDSOURCE
Your manager:	LONG TERM GROWTH TAX MGD OPTIM

For your consideration

Go paperless. Accessing all of your account documents online is easy and costs nothing. To participate, go to wellsfargoadvisors.com and click on the Access Online "Client Login" link in the upper right hand corner of the homepage. If you already have a User ID and Password, please log in and click on the "Delivery Preferences" link found under the Accounts & Services tab to turn off paper delivery of your account documents. If you do not have a User ID and Password, please click on the "Sign up online" link on the right side of the Access Online login page or call 877-879-2495 for assistance.

Available funds

Cash	0.00
Money market and sweep funds	0.00
Available for loan	0.00
Your total available funds	\$0.00

Document delivery status

	Paper	Electronic
Statements:	X	
Trade confirmations:	X	
Tax documents:	X	
Shareholder communications:	X	

AARON J SCHOCK

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER [REDACTED]

Additional information

	THIS PERIOD	THIS YEAR
Gross proceeds	0.00	10,398.69

Portfolio detail**Mutual Funds**

Mutual fund shares are priced at net asset value. Estimated Annual Income and Yield refer to Dividends and Interest Income only, and typically do not reflect Total return. If a portion of your fund position was converted, the 'Client Investment' value may include reinvestments from previously held positions.

Open End Mutual Funds

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
AIM INVT SECS FDS									
INVESCO INVT SECS FDS									
GLBL REAL EST FD CL Y									
ARGYX									
On Reinvestment									
Acquired 06/22/09 L		76.70100	7.13	546.87		799.22	252.35		
Reinvestments L		2.38400	9.21	21.96		24.84	2.88		
Reinvestments S		3.87400	10.04	38.91		40.37	1.46		
Total	1.85	82.95900		\$607.74	10.4200	\$864.43	\$256.69	\$39.32	4.55
Client Investment (Excluding Reinvestments)						\$546.87			
Gain/Loss on Client Investment (Including Reinvestments)						\$317.56			
MANAGERS AMG FDS									
TIMESQUARE MID CAP									
GROWTH FD PREMIER CL									
TMDPX									
On Reinvestment									
Acquired 06/22/09 L	4.93	165.14800	9.14	1,509.45	13.9200	2,298.86	789.41	N/A	N/A
ADVISORS INNER CIRCLE									
FD CAMBIAR OPPTY FD									
INSTL CL									
CAMWX									
On Reinvestment									
Acquired 06/22/09 L		150.00500	11.86	1,779.06		2,752.59	973.53		
Acquired 06/25/09 L		45.47600	12.25	557.08		834.49	277.41		





AARON J SCHOCK

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Mutual Funds**Open End Mutual Funds continued**

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
Acquired 08/24/10 S		14.68400	14.43	211.89		269.45	57.56		
Reinvestments S		0.68900	15.74	10.85		12.64	1.79		
Total	8.30	210.85400		\$2,558.88	18.3500	\$3,869.17	\$1,310.29	\$47.44	1.23
Client Investment (Excluding Reinvestments)						\$2,548.03			
Gain/Loss on Client Investment (Including Reinvestments)						\$1,321.14			
DELAWARE GROUP ADVISER									
FDS INC US GROWTH PORT									
CL INSTL CL									
DEUIX									
On Reinvestment									
Acquired 06/10/08 L		170.52000	14.82	2,527.10		2,539.04	11.94		
Reinvestments L		0.63700	10.14	6.46		9.49	3.03		
Reinvestments S		0.25200	14.96	3.77		3.75	-0.02		
Total	5.48	171.40900		\$2,537.33	14.8900	\$2,552.28	\$14.95	\$3.77	0.15
Client Investment (Excluding Reinvestments)						\$2,527.10			
Gain/Loss on Client Investment (Including Reinvestments)						\$25.18			
RS INVT TR									
EMERGING MKTS FD CL Y									
RSENX									
On Reinvestment									
Acquired 06/09/08 L		48.41300	26.07	1,262.25		1,295.05	32.80		
Acquired 06/22/09 L		42.45600	16.52	701.57		1,135.69	434.12		
Acquired 08/24/10 S		6.31500	23.13	146.07		168.93	22.86		
Reinvestments L		1.79900	19.22	34.59		48.12	13.53		
Reinvestments S		2.50200	25.61	64.09		66.93	2.84		
Total	5.82	101.48500		\$2,208.57	26.7500	\$2,714.72	\$506.15	\$65.66	2.42
Client Investment (Excluding Reinvestments)						\$2,109.89			
Gain/Loss on Client Investment (Including Reinvestments)						\$604.83			
GOLDMAN SACHS TR									
FINL SQUARE TAX FREE									
MONEY MKT INSTL CL									
FTXXX									
On Reinvestment									
Acquired 08/24/10 S		280.36000	1.00	280.36		280.36	0.00		
Reinvestments S		0.03000	1.00	0.03		0.03	0.00		

AARON J SCHOCK

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Mutual Funds**Open End Mutual Funds continued**

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
Total	0.60	280.39000		\$280.39	1.0000	\$280.39	\$0.00	\$0.47	0.17
Client Investment (Excluding Reinvestments)						\$280.36			
Gain/Loss on Client Investment (Including Reinvestments)						\$0.03			
HANCOCK JOHN CAP SER CLASSIC VALUE FD CL I JCVIX									
On Reinvestment									
Acquired 06/09/08 L		13.98600	18.72	261.81		233.29	-28.52		
Acquired 06/10/08 L		23.84200	18.73	446.57		397.68	-48.89		
Acquired 06/22/09 L		100.85800	11.29	1,138.69		1,682.31	543.62		
Reinvestments L		12.05900	10.88	131.22		201.14	69.92		
Reinvestments S		0.76900	16.57	12.75		12.83	0.08		
Total	5.42	151.51400		\$1,991.04	16.6800	\$2,527.25	\$536.21	\$12.87	0.51
Client Investment (Excluding Reinvestments)						\$1,847.07			
Gain/Loss on Client Investment (Including Reinvestments)						\$680.18			
HARBOR FUND CAP APPRECIATION FD INSTL CL HACAX									
On Reinvestment									
Acquired 06/09/08 L		40.85900	35.44	1,448.04		1,500.34	52.30		
Acquired 06/22/09 L		57.41400	25.92	1,488.18		2,108.24	620.06		
Acquired 08/24/10 S		2.52800	30.01	75.87		92.83	16.96		
Reinvestments L		0.54100	27.61	14.94		19.86	4.92		
Reinvestments S		0.21400	36.58	7.83		7.86	0.03		
Total	8.00	101.55600		\$3,034.86	36.7200	\$3,729.13	\$694.27	\$7.81	0.21
Client Investment (Excluding Reinvestments)						\$3,012.09			
Gain/Loss on Client Investment (Including Reinvestments)						\$717.04			
HARBOR FUND INTL FD INSTL CLASS HAINX									
On Reinvestment									
Acquired 06/22/09 L		39.02800	41.44	1,617.33		2,363.14	745.81		
Acquired 06/25/09 L		20.47100	43.07	881.67		1,239.52	357.85		
Reinvestments L		0.78400	53.49	41.94		47.47	5.53		
Reinvestments S		0.88800	59.17	52.55		53.77	1.22		





AARON J SCHOCK

 DECEMBER 1 - DECEMBER 31, 2010
 ACCOUNT NUMBER: [REDACTED]
Mutual Funds**Open End Mutual Funds continued**

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
Total	7.95	61.17100		\$2,593.49	60.5500	\$3,703.90	\$1,110.41	\$53.34	1.44
Client Investment (Excluding Reinvestments)						\$2,499.00			
Gain/Loss on Client Investment (Including Reinvestments)						\$1,204.90			
HOTCHKIS & WILEY FDS									
MID CAP VALUE FD CL I									
HWMIX									
On Reinvestment									
Acquired 10/20/05 L		45.21900	27.56	1,246.23		1,084.36	-161.87		
Acquired 06/10/08 L		20.94800	19.32	404.72		502.33	97.61		
Reinvestments L		39.38500	23.63	931.04		944.44	13.40		
Reinvestments S		0.34800	23.10	8.04		8.35	0.31		
Total	5.45	105.90000		\$2,590.03	23.9800	\$2,539.48	-\$50.55	\$8.04	0.32
Client Investment (Excluding Reinvestments)						\$1,650.95			
Gain/Loss on Client Investment (Including Reinvestments)						\$888.53			
ARTIO GLOBAL INVT FDS									
INTL EQUITY FD II CL I									
JETIX									
On Reinvestment									
Acquired 10/20/05 L		91.00500	10.66	970.10		1,133.92	163.82		
Acquired 06/22/09 L		52.51200	9.85	517.24		654.29	137.05		
Reinvestments L		32.31900	12.79	413.49		402.70	-10.79		
Reinvestments S		3.65900	12.38	45.33		45.59	0.26		
Total	4.80	179.49500		\$1,946.16	12.4600	\$2,236.50	\$290.34	\$46.30	2.07
Client Investment (Excluding Reinvestments)						\$1,487.34			
Gain/Loss on Client Investment (Including Reinvestments)						\$749.16			
AMERICAN FDS INC NEW									
CL F-1									
NWFFX									
On Reinvestment									
Acquired 08/24/10 S		52.60600	47.72	2,510.38		2,852.29	341.91		
Acquired 08/27/10 S		10.05700	48.09	483.65		545.29	61.64		
Reinvestments S		0.93100	53.63	49.93		50.48	0.55		
Total	7.40	63.59400		\$3,043.96	54.2200	\$3,448.06	\$404.10	\$50.68	1.47
Client Investment (Excluding Reinvestments)						\$2,994.03			
Gain/Loss on Client Investment (Including Reinvestments)						\$454.03			

AARON J SCHOCK

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Mutual Funds

Open End Mutual Funds continued

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
OPPENHEIMER INTL GRWTH FD CL Y SHS OIGYX On Reinvestment Acquired 06/09/08 L		111.19700	29.17	3,243.62		3,102.39	-141.23		
Reinvestments L		3.39400	19.54	66.32		94.69	28.37		
Reinvestments S		1.14800	27.44	31.51		32.03	0.52		
Total	6.93	115.73900		\$3,341.45	27.9000	\$3,229.11	-\$112.34	\$31.82	0.99
Client Investment (Excluding Reinvestments)						\$3,243.62			
Gain/Loss on Client Investment (Including Reinvestments)						-\$14.51			
PIMCO FDS PAC INV MGMT SER-COMMODITY REAL RETURN STRAT FD INSTL CL PCRIX On Reinvestment Acquired 06/22/09 L		133.99800	7.02	940.66		1,244.83	304.17		
Reinvestments L		3.95800	7.88	31.19		36.77	5.58		
Reinvestments S		15.41500	7.91	122.02		143.21	21.19		
Total	3.06	153.37100		\$1,093.87	9.2900	\$1,424.81	\$330.94	\$127.60	8.96
Client Investment (Excluding Reinvestments)						\$940.66			
Gain/Loss on Client Investment (Including Reinvestments)						\$484.15			
PIONEER FUND CL-Y PYODX On Reinvestment Acquired 06/22/09 L		77.72000	28.77	2,236.00		3,193.51	957.51		
Reinvestments L		0.94000	32.43	30.49		38.63	8.14		
Reinvestments S		1.05400	36.88	38.88		43.30	4.42		
Total	7.03	79.71400		\$2,305.37	41.0900	\$3,275.44	\$970.07	\$38.90	1.19
Client Investment (Excluding Reinvestments)						\$2,236.00			
Gain/Loss on Client Investment (Including Reinvestments)						\$1,039.44			
TCW FDS INC SMALL CAP GROWTH FD TGSCX On Reinvestment Acquired 08/24/10 S	8.58	136.17000	22.69	3,089.70	29.3500	3,996.58	906.88	N/A	N/A





AARON J SCHOCK

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Mutual Funds**Open End Mutual Funds continued**

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
VICTORY PORTFOLIOS SMALL CO OPPTY FD CL I SHS VSOIX On Reinvestment Acquired 08/24/10 S Reinvestments S		129.49300 0.54600	23.86 29.04	3,089.70 15.86		3,900.32 16.45	810.62 0.59		
Total	8.40	130.03900		\$3,105.56	30.1200	\$3,916.77	\$811.21	\$19.89	0.51
Client Investment (Excluding Reinvestments)						\$3,089.70			
Gain/Loss on Client Investment (Including Reinvestments)						\$827.07			
Total Open End Mutual Funds	100.00			\$37,837.85		\$46,606.88	\$8,769.03	\$553.91	1.19
Total Mutual Funds	100.00			\$37,837.85		\$46,606.88	\$8,769.03	\$553.91	1.19

Activity detail**Income and distributions**

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
12/08	Cash	DIVIDEND		AIM INVT SECS FDS INVESCO INVT SECS FDS GLBL REAL EST FD CL Y 120310 82.95900 AS OF 12/03/10		29.16
12/17	Cash	DIVIDEND		RS INVT TR EMERGING MKTS FD CL Y 121710 101.48500		64.09
12/21	Cash	DIVIDEND		HARBOR FUND CAP APPRECIATION FD INSTL CL 122010 101.55600 AS OF 12/20/10		7.83
12/21	Cash	DIVIDEND		HARBOR FUND INTL FD INSTL CLASS 122010 61.17100 AS OF 12/20/10		52.55

AARON J SCHOCK

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Activity detail continued

Income and distributions

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
12/21	Cash	DIVIDEND		HOTCHKIS & WILEY FDS MID CAP VALUE FD CL I 122010 105.90000 AS OF 12/20/10		8.04
12/22	Cash	LT CAP GAIN		GOLDMAN SACHS TR FINL SQUARE TAX FREE MONEY MKT INSTL CL 122110 280.39000 AS OF 12/21/10		0.01
12/22	Cash	SHRT TRM GAIN		GOLDMAN SACHS TR FINL SQUARE TAX FREE MONEY MKT INSTL CL 122110 280.38000 AS OF 12/21/10		0.02
12/22	Cash	DIVIDEND		HANCOCK JOHN CAP SER CLASSIC VALUE FD CL I 122110 151.51400 AS OF 12/21/10		12.75
12/22	Cash	DIVIDEND		OPPENHEIMER INTL GRWTH FD CL Y SHS 122110 115.73900 AS OF 12/21/10		31.51
12/27	Cash	DIVIDEND		DELAWARE GROUP ADVISER FDS INC US GROWTH PORT CL INSTL CL 122810 171.40900 AS OF 12/28/10		3.77
12/27	Cash	DIVIDEND		PIONEER FUND CL-Y 122310 79.71400 AS OF 12/23/10		9.42
12/28	Cash	DIVIDEND		AMERICAN FDS INC NEW CL F-1 122810 63.59400		49.93
12/30	Cash	DIVIDEND		ARTIO GLOBAL INVT FDS INTL EQUITY FD II CL I 123010 179.49500		45.33





AARON J SCHOCK

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Activity detail continued

Income and distributions

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
12/31	Cash	DIVIDEND		VICTORY PORTFOLIOS SMALL CO OPPTY FD CL I SHS 123010 130.03900 AS OF 12/30/10		11.13

Total Income and distributions:

\$325.54

Securities purchased

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
12/08	Cash	REINVEST DIV	2.85900	AIM INVT SECS FDS INVESCO INVT SECS FDS GLBL REAL EST FD CL Y	10.2000	-29.16
12/17	Cash	REINVEST DIV	2.50200	RS INVT TR EMERGING MKTS FD CL Y	25.6200	-64.09
12/21	Cash	REINVEST DIV	0.21400	HARBOR FUND CAP APPRECIATION FD INSTL CL	36.6600	-7.83
12/21	Cash	REINVEST DIV	0.88800	HARBOR FUND INTL FD INSTL CLASS	59.1500	-52.55
12/21	Cash	REINVEST DIV	0.34800	HOTCHKIS & WILEY FDS MID CAP VALUE FD CL I	23.1200	-8.04
12/22	Cash	REINVEST DIV	0.02000	GOLDMAN SACHS TR FINL SQUARE TAX FREE MONEY MKT INSTL CL	1.0000	-0.02
12/22	Cash	REINVEST DIV	0.01000	GOLDMAN SACHS TR FINL SQUARE TAX FREE MONEY MKT INSTL CL	1.0000	-0.01
12/22	Cash	REINVEST DIV	0.76900	HANCOCK JOHN CAP SER CLASSIC VALUE FD CL I	16.5700	-12.75
12/22	Cash	REINVEST DIV	1.14800	OPPENHEIMER INTL GRWTH FD CL Y SHS	27.4400	-31.51
12/27	Cash	REINVEST DIV	0.25200	DELAWARE GROUP ADVISER FDS INC US GROWTH PORT CL INSTL CL	14.9600	-3.77
12/27	Cash	REINVEST DIV	0.23000	PIONEER FUND CL-Y	41.0400	-9.42
12/28	Cash	REINVEST DIV	0.93100	AMERICAN FDS INC NEW CL F-1	53.6200	-49.93

AARON J SCHOCK

DECEMBER 1 - DECEMBER 31, 2010
ACCOUNT NUMBER: [REDACTED]**Activity detail continued****Securities purchased**

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
12/30	Cash	REINVEST DIV	3.65900	ARTIO GLOBAL INVT FDS INTL EQUITY FD II CL I	12.3900	-45.33
12/31	Cash	REINVEST DIV	0.36600	VICTORY PORTFOLIOS SMALL CO OPPTY FD CL I SHS	30.4300	-11.13
Total Securities purchased:						-\$325.54



9 Subtract the amount in line 8 from the amount in line 7. This is your Adjusted Statement Balance.

$$\begin{array}{r} \text{---} \\ + \\ \text{---} \\ = \\ \text{---} \\ - \\ \text{---} \\ = \\ \text{---} \end{array}$$
[illegible]





SNAPSHOT

Page 1 of 10

AARON J SCHOCK (ROTH IRA)
FCC AS CUSTODIAN

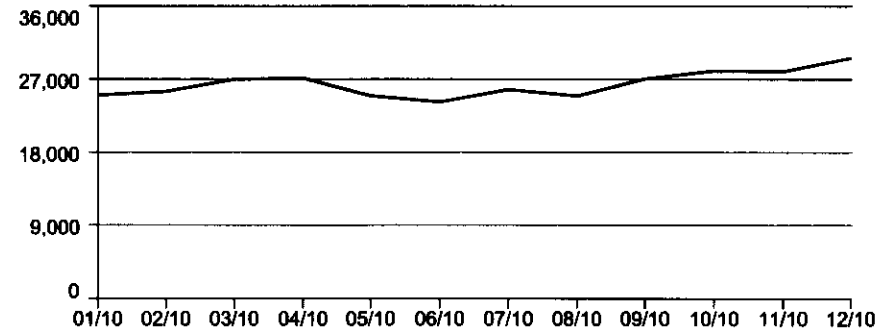
DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Progress summary

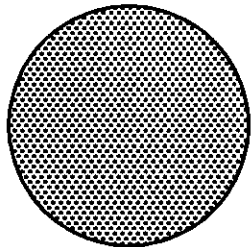
	THIS PERIOD	THIS YEAR
Opening value	\$27,964.40	\$25,971.86
Cash deposited	0.00	0.00
Securities deposited	0.00	0.00
Cash withdrawn	0.00	-260.26
Securities withdrawn	0.00	0.00
Income earned	330.10	388.10
Change in value	1,290.04	3,484.84
Closing value	\$29,584.54	\$29,584.54

Value over time



Portfolio summary

CURRENT



ASSETS

ASSET TYPE	PREVIOUS VALUE ON NOV 30	%	CURRENT VALUE ON DEC 31	%	ESTIMATED ANN. INCOME
Cash and sweep balances	0.00	0.00	0.00	0.00	0
Stocks, options & ETFs	0.00	0.00	0.00	0.00	0
Fixed income securities	0.00	0.00	0.00	0.00	0
Mutual funds	27,964.40	100.00	29,584.54	100.00	280
Asset value	\$27,964.40	100%	\$29,584.54	100%	\$280

SNAPSHOT

Page 2 of 10

**AARON J SCHOCK (ROTH IRA)
FCC AS CUSTODIAN****DECEMBER 1 - DECEMBER 31, 2010
ACCOUNT NUMBER****Cash flow summary**

	THIS PERIOD	THIS YEAR
Opening value of cash and sweep balances	\$0.00	
Income and distributions	330.10	388.10
Securities sold and redeemed	0.00	260.26
Net additions to cash	\$330.10	\$648.36
Securities purchased	-330.10	-388.10
Other subtractions	0.00	-260.26
Net subtractions from cash	-\$330.10	-\$648.36
Closing value of cash and sweep balances	\$0.00	

Income summary

	THIS PERIOD	THIS YEAR
Dividends and short term capital gains	261.41	301.82
Long term capital gains	68.69	68.69
Total income	\$330.10	\$370.51

Gain/loss summary

	UNREALIZED	THIS PERIOD REALIZED	THIS YEAR REALIZED
Short term	10.14	0.00	2.67
Long term	2,251.15	0.00	15.47
Total	\$2,261.29	\$0.00	\$18.14



**SNAPSHOT**

Page 3 of 10

AARON J SCHOCK (ROTH IRA)
FCC AS CUSTODIAN

 DECEMBER 1 - DECEMBER 31, 2010
 ACCOUNT NUMBER: [REDACTED]
Retirement summary**IRA Plan Value \$29,584.54****CUSTODIAN EIN 23-2384840**

A portion of these assets may not be covered by SIPC. Bank products are covered by FDIC insurance up to \$250,000 in accordance with FDIC rules.

REVIEW THE SECTION "IMPORTANT IRA INFORMATION" CONTAINED IN THE ENCLOSED INSERT "IMPORTANT INFORMATION REGARDING YOUR ACCOUNT." FOR INFORMATION ABOUT YOUR RETIREMENT PLAN ASSETS, CONTACT YOUR FINANCIAL ADVISOR.

This is your individual retirement account (IRA) Fair Market Value statement. The amount reflected in the "IRA Fair Market Value" will be furnished to the Internal Revenue Service as shown on your Form 5498. Any corrections made to your market value after December 31, 2010 will result in a corrected "IRA Portfolio Holding Valuation and Form 5498" being issued to you.

ACCOUNT INFORMATION

IRA Fair Market Value	\$29,584.54
Account Holder Birthdate:	05/28/81
Attained Age as of 12/31/10:	29.5

Contact us if information on this page requires updates.

Your Financial Advisor:
 KUNKLE, HEMMER, MCRAVEN
 INVESTMENT GROUP
 309-683-3701 / 800-654-8081

RETIREMENT TRANSACTIONS**CONTRIBUTION SUMMARY****AMOUNT**

Contributions	
2010 FOR 2010	\$0.00

2010 DISTRIBUTION SUMMARY**AMOUNT**

Gross Distributions	\$0.00
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SNAPSHOT

Page 4 of 10

**AARON J SCHOCK (ROTH IRA)
FCC AS CUSTODIAN**

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Your Financial Advisor**KUNKLE, HEMMER, MCRAVEN
INVESTMENT GROUP
Phone: 309-683-3701 / 800-654-8081****2411 W CORNERSTONE COURT
PEORIA, IL 61614**Please visit us at www.wellsfargoadvisors.com.**Account profile**

Full account name:	AARON J SCHOCK (ROTH IRA) FCC AS CUSTODIAN
Account type:	ROTH IRA
Brokerage account number:	7060-7135
Tax status:	Retirement
Investment objective/Risk tolerance:	MODERATE GROWTH & INCOME
Cost Basis Election:	First in, First out
Your managed program:	FUNDSOURCE
Your manager:	GO GROWTH

For your consideration

Go paperless. Accessing all of your account documents online is easy and costs nothing. To participate, go to wellsfargoadvisors.com and click on the Access Online "Client Login" link in the upper right hand corner of the homepage. If you already have a User ID and Password, please log in and click on the "Delivery Preferences" link found under the Accounts & Services tab to turn off paper delivery of your account documents. If you do not have a User ID and Password, please click on the "Sign up online" link on the right side of the Access Online login page or call 877-879-2495 for assistance.

Document delivery status

	Paper	Electronic
Statements:	X	
Trade confirmations:	X	
Tax documents:	X	
Shareholder communications:	X	





AARON J SCHOCK (ROTH IRA)
FCC AS CUSTODIAN

DECEMBER 1 - DECEMBER 31, 2010
ACCOUNT NUMBER: [REDACTED]

Additional information

	THIS PERIOD	THIS YEAR
Gross proceeds	0.00	260.26

Portfolio detail

Mutual Funds

Mutual fund shares are priced at net asset value. Estimated Annual Income and Yield refer to Dividends and Interest Income only, and typically do not reflect Total return. If a portion of your fund position was converted, the 'Client Investment' value may include reinvestments from previously held positions.

Open End Mutual Funds

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
BLACKROCK FDS II INTL OPPORTUNITIES PORT INSTL SHS BISIX									
On Reinvestment									
Acquired 09/01/09 L		40.51200	29.10	1,178.89		1,417.10	238.21		
Reinvestments L		0.59100	31.65	18.71		20.67	1.96		
Reinvestments S		0.42500	34.65	14.73		14.87	0.14		
Total	4.91	41.52800		\$1,212.33	34.9800	\$1,452.64	\$240.31	\$14.86	1.02
Client Investment (Excluding Reinvestments)						\$1,178.89			
Gain/Loss on Client Investment (Including Reinvestments)						\$273.75			
BLACKROCK GLOBAL ALLOC GLOBAL ALLOCATION INSTIT MALOX									
On Reinvestment									
Acquired 09/01/09 L		140.26100	16.81	2,357.78		2,735.08	377.30		
Reinvestments L		2.01600	17.81	35.91		39.31	3.40		
Reinvestments S		2.07100	18.72	38.78		40.39	1.61		
Total	9.51	144.34800		\$2,432.47	19.5000	\$2,814.78	\$382.31	\$39.26	1.39
Client Investment (Excluding Reinvestments)						\$2,357.78			
Gain/Loss on Client Investment (Including Reinvestments)						\$457.00			

AARON J SCHOCK (ROTH IRA)
FCC AS CUSTODIAN

DECEMBER 1 - DECEMBER 31, 2010
 ACCOUNT NUMBER: [REDACTED]

Mutual Funds

Open End Mutual Funds continued

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
CALAMOS INVT TR NEW GROWTH FD INSTL CL CGRIX									
On Reinvestment									
Acquired 10/13/05 L		14.15500	55.34	783.40		822.97	39.57		
Acquired 10/09/06 L		12.43000	58.74	730.24		722.68	-7.56		
Acquired 01/22/07 L		10.94600	59.09	646.85		636.40	-10.45		
Acquired 02/06/08 L		5.46500	53.95	294.66		317.73	23.07		
Reinvestments L		13.19800	60.97	804.75		767.33	-37.42		
Total	11.04	56.19400		\$3,259.90	58.1400	\$3,267.11	\$7.21	N/A	N/A
Client Investment (Excluding Reinvestments)						\$2,455.15			
Gain/Loss on Client Investment (Including Reinvestments)						\$811.96			
HARTFORD MUT FDS INC CAPITAL APPRECIATION FD CL I ITHIX									
On Reinvestment									
Acquired 09/01/09 L	15.35	131.08500	26.98	3,536.67	34.6400	4,540.78	1,004.11	N/A	N/A
IVY FDS INC ASSET STRATEGY FD CL I IVAEX									
On Reinvestment									
Acquired 09/01/09 L		156.95300	20.28	3,183.01		3,862.61	679.60		
Acquired 09/04/09 L		9.29600	20.95	194.75		228.78	34.03		
Reinvestments L		0.96000	22.23	21.35		23.62	2.27		
Reinvestments S		0.42500	24.40	10.37		10.46	0.09		
Total	13.94	167.63400		\$3,409.48	24.6100	\$4,125.47	\$715.99	\$10.39	0.25
Client Investment (Excluding Reinvestments)						\$3,377.76			
Gain/Loss on Client Investment (Including Reinvestments)						\$747.71			
KINETICS MUT FDS INC PARADIGM FUND INSTL CL KNPYX									
On Reinvestment									
Acquired 09/01/09 L		64.00100	18.42	1,178.89		1,488.02	309.13		
Reinvestments S		0.87600	20.07	17.59		20.37	2.78		





AARON J SCHOCK (ROTH IRA)
FCC AS CUSTODIAN

DECEMBER 1 - DECEMBER 31, 2010
ACCOUNT NUMBER: [REDACTED]

Mutual Funds

Open End Mutual Funds continued

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
Total	5.10	64.87700		\$1,196.48	23.2500	\$1,508.39	\$311.91	\$27.50	1.82
Client Investment (Excluding Reinvestments)						\$1,178.89			
Gain/Loss on Client Investment (Including Reinvestments)						\$329.50			
NUVEEN INVT TRUST									
TRADEWINDS VALUE OPPTYS									
FUND-CLASS I									
NVORX									
On Reinvestment									
Acquired 09/01/09 L		78.19600	26.26	2,053.43		2,750.15	696.72		
Reinvestments S		3.93700	35.13	138.31		138.46	0.15		
Total	9.76	82.13300		\$2,191.74	35.1700	\$2,888.61	\$696.87	\$48.45	1.68
Client Investment (Excluding Reinvestments)						\$2,053.43			
Gain/Loss on Client Investment (Including Reinvestments)						\$835.18			
OPPENHEIMER GLOBAL FD									
CL Y									
OGLYX									
On Reinvestment									
Acquired 10/13/05 L		14.55700	63.95	930.92		880.11	-50.81		
Acquired 10/09/06 L		9.31400	73.02	680.13		563.12	-117.01		
Acquired 01/22/07 L		9.44800	74.06	699.70		571.23	-128.47		
Acquired 02/06/08 L		15.16700	63.88	968.84		917.00	-51.84		
Reinvestments L		24.19300	53.41	1,292.27		1,462.71	170.44		
Reinvestments S		1.36500	59.13	80.72		82.53	1.81		
Total	15.13	74.04400		\$4,652.58	60.4600	\$4,476.70	-\$175.88	\$50.57	1.13
Client Investment (Excluding Reinvestments)						\$3,279.59			
Gain/Loss on Client Investment (Including Reinvestments)						\$1,197.11			
THIRD AVE TR									
VALUE FD INSTL CL									
TAVFX									
On Reinvestment									
Acquired 01/22/07 L		8.95700	61.36	549.62		463.61	-86.01		
Acquired 02/06/08 L		13.46900	54.92	739.71		697.15	-42.56		
Reinvestments L		5.71800	55.33	316.41		295.97	-20.44		
Reinvestments S		0.53500	50.87	27.22		27.69	0.47		

AARON J SCHOCK (ROTH IRA)
FCC AS CUSTODIAN

DECEMBER 1 - DECEMBER 31, 2010

ACCOUNT NUMBER: [REDACTED]

Mutual Funds

Open End Mutual Funds continued

DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED	
								ANNUAL INCOME	ANNUAL YIELD (%)
Total	5.02	28.67900		\$1,632.96	51.7600	\$1,484.42	-\$148.54	\$27.73	1.87
Client Investment (Excluding Reinvestments)						\$1,289.33			
Gain/Loss on Client Investment (Including Reinvestments)						\$195.09			
THORNBURG INVT TR GLOBAL OPPORTUNITIES FD CL I THOIX On Reinvestment									
Acquired 10/18/07 L		140.93700	20.87	2,941.36		2,154.93	-786.43		
Acquired 02/06/08 L		26.03500	17.32	450.92		398.07	-52.85		
Acquired 09/01/09 L		7.83100	12.19	95.46		119.74	24.28		
Reinvestments L		18.93000	13.23	250.52		289.43	38.91		
Reinvestments S		4.15100	14.54	60.38		63.47	3.09		
Total	10.23	197.88400		\$3,798.64	15.2900	\$3,025.64	-\$773.00	\$61.34	2.03
Client Investment (Excluding Reinvestments)						\$3,487.74			
Gain/Loss on Client Investment (Including Reinvestments)						-\$462.10			
Total Open End Mutual Funds	100.00			\$27,323.25		\$29,584.54	\$2,261.29	\$280.10	0.95
Total Mutual Funds	100.00			\$27,323.25		\$29,584.54	\$2,261.29	\$280.10	0.95

Activity detail

DATE	ACCOUNT TYPE	TRANSACTION/ CHECK NUMBER	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH AND SWEEP BALANCES
12/01				BEGINNING BALANCE			0.00
12/09	Cash	LT CAP GAIN		OPPENHEIMER GLOBAL FD CL Y 120810 74.04400 AS OF 12/08/10		31.10	
12/09	Cash	DIVIDEND		OPPENHEIMER GLOBAL FD CL Y 120810 73.51800 AS OF 12/08/10		49.62	
12/09	Cash	REINVEST DIV	0.83900	OPPENHEIMER GLOBAL FD CL Y	59.1700	-49.62	





AARON J SCHOCK (ROTH IRA)
FCC AS CUSTODIAN

DECEMBER 1 - DECEMBER 31, 2010
ACCOUNT NUMBER: [REDACTED]

Activity detail continued

DATE	ACCOUNT TYPE	TRANSACTION/ CHECK NUMBER	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH AND SWEEP BALANCES
12/09	Cash	REINVEST DIV	0.52600	OPPENHEIMER GLOBAL FD CL Y	59.1700	-31.10	0.00
12/10	Cash	DIVIDEND		IVY FDS INC ASSET STRATEGY FD CL I 120910 167.63400 AS OF 12/09/10		10.37	
12/10	Cash	REINVEST DIV	0.42500	IVY FDS INC ASSET STRATEGY FD CL I	24.4200	-10.37	0.00
12/14	Cash	LT CAP GAIN		NUVEEN INVT TRUST TRADEWINDS VALUE OPPTYS FUND-CLASS I 121510 80.77400 AS OF 12/15/10		37.59	
12/14	Cash	SHRT TRM GAIN		NUVEEN INVT TRUST TRADEWINDS VALUE OPPTYS FUND-CLASS I 121510 79.70500 AS OF 12/15/10		53.07	
12/14	Cash	REINVEST DIV	1.50900	NUVEEN INVT TRUST TRADEWINDS VALUE OPPTYS FUND-CLASS I	35.1700	-53.07	
12/14	Cash	REINVEST DIV	1.06900	NUVEEN INVT TRUST TRADEWINDS VALUE OPPTYS FUND-CLASS I	35.1700	-37.59	0.00
12/20	Cash	DIVIDEND		BLACKROCK FDS II INTL OPPORTUNITIES PORT INSTL SHS 121710 41.52800 AS OF 12/17/10		14.73	
12/20	Cash	REINVEST DIV	0.42500	BLACKROCK FDS II INTL OPPORTUNITIES PORT INSTL SHS	34.6200	-14.73	0.00
12/22	Cash	DIVIDEND		BLACKROCK GLOBAL ALLOC GLOBAL ALLOCATION INSTIT 122110 144.34800 AS OF 12/21/10		27.65	
12/22	Cash	REINVEST DIV	1.44200	BLACKROCK GLOBAL ALLOC GLOBAL ALLOCATION INSTIT	19.1800	-27.65	0.00
12/23	Cash	DIVIDEND		THIRD AVE TR VALUE FD INSTL CL 122210 28.67900 AS OF 12/22/10		27.22	

AARON J SCHOCK (ROTH IRA)
FCC AS CUSTODIAN

DECEMBER 1 - DECEMBER 31, 2010
ACCOUNT NUMBER: [REDACTED]

Activity detail continued

DATE	ACCOUNT TYPE	TRANSACTION/ CHECK NUMBER	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH AND SWEEP BALANCES
12/23	Cash	REINVEST DIV	0.53500	THIRD AVE TR VALUE FD INSTL CL	50.9100	-27.22	0.00
12/29	Cash	DIVIDEND		THORNBURG INVT TR GLOBAL OPPORTUNITIES FD CL I 122810 197.88400 AS OF 12/28/10		31.10	
12/29	Cash	REINVEST DIV	2.04500	THORNBURG INVT TR GLOBAL OPPORTUNITIES FD CL I	15.2100	-31.10	0.00
12/31	Cash	DIVIDEND		NUVEEN INVT TRUST TRADEWINDS VALUE OPPTYS FUND-CLASS I 123110 82.13300		47.65	
12/31	Cash	REINVEST DIV	1.35900	NUVEEN INVT TRUST TRADEWINDS VALUE OPPTYS FUND-CLASS I	35.0700	-47.65	0.00



UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		Form A For use by Members, officers, and employees	RECEIVED 2011 JUN -3 PM 3:01 U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
Name: AARON JON SCHOCK		Daytime Telephone: 202-225-6201	
Filer Status <input type="checkbox"/> Member of the U.S. House of Representatives <input type="checkbox"/> Officer or Employee	State: _____ District: _____	Employing Office: _____ Termination Date: _____	
Report Type <input type="checkbox"/> Annual (May 16, 2011) <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Termination	A \$200 penalty shall be assessed against anyone who files more than 30 days late.		

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input type="checkbox"/>

SCHEDULE V— LIABILITIES

Name **AARON JON SCHOCK**

Page ____ of ____

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	DUNLAP BANK, ILLINOIS	Sep. 2008	Mortgage on 2414 W. August St.						X					
	DUNLAP BANK, ILLINOIS	Nov. 2010	financing for Old Orchard Land Trust						X					

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 5
For use by Members, officers, and employees

HAND DELIVERED

John M. Shimkus
(Full Name)

2022255271
(Daytime Telephone)

2011 MAY 13 PM 1:47

(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives

State: IL
District: 19

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name John M. Shimkus

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Holy Cross Lutheran Church, Collinsville, IL	Spouse Salary	\$16,588

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John M. Shimkus

Page 3 of 5

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	440 Spring Street, Collinsville, IL	\$50,001 - \$100,000	RENT	\$5,001 - \$15,000	
JT	690 9th Street, SW, Washington, DC	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
JT	American Century Growth Fund	\$15,001 - \$50,000	CAPITAL GAINS	\$2,501 - \$5,000	
DC	Lutheran Church Extension Fund	\$1,001 - \$15,000	INTEREST	\$2,501 - \$5,000	
JT	NW LGCAP	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	
JT	Perspective II Fixed and Variable Annuity	\$50,001 - \$100,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John M. Shimkus

Page 4 of 5

DC	Putnam Health Services Trust	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	Putnam Health Services Trust	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	Putnam Health Services Trust	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
JT	Thrivent Market Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name John M. Shimkus

Page 5 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	PNC Mortgage, Dayton, OH	January 2002	Mortgage on 690 9th Street, SW, Washington, DC	\$250,001 - \$500,000
JT	Bank of Edwardsville, Edwardsville, IL	July 2009	Home Equity Loan, 504 Sumner, Collinsville, IL	\$15,001 - \$50,000
JT	United Bank, Charleston, WVA	January 2002	Mortgage on 690 9th Street SW, Washington, DC	\$15,001 - \$50,000

JOHN M. SHIMKUS
19TH DISTRICT, ILLINOIS

2452 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5271

ENERGY AND COMMERCE
COMMITTEE

SUBCOMMITTEES:
ENVIRONMENT AND THE ECONOMY
CHAIRMAN

HEALTH

ENERGY AND POWER

COMMUNICATIONS AND TECHNOLOGY

3130 CHATHAM ROAD, SUITE C
SPRINGFIELD, IL 62704
(217) 492-5090

240 REGENCY CENTRE
COLLINSVILLE, IL 62234
(618) 344-3065

221 EAST BROADWAY, SUITE 102
CENTRAIA, IL 62801
(618) 532-9676

CITY HALL, ROOM 12
110 EAST LOCUST
HARRISBURG, IL 62946
(618) 252-8271

120 SOUTH FAIR STREET
OLNEY, IL 62450
(618) 392-7737
shimkus.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515-1319

May 12, 2011

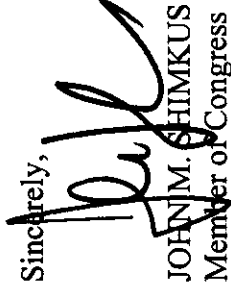
The Honorable Karen Haas
Clerk of the House

Dear Clerk Haas:

Enclosed with my 2010 Personal Financial Disclosure Statement is a listing of every gift I have received during the 2010 calendar year. I am once again voluntarily tracking and reporting each of these items for public disclosure as I have since first becoming a member of Congress.

JS:cr

Sincerely,


JOHN M. SHIMKUS
Member of Congress

1/4/2010 Calendar
 1/5/2010 Calendar
 1/6/2010 Calendar
 1/6/2010 1 full size and 1 pocket calendar
 1/6/2010 Calendar
 1/6/2010 Calendar
 1/8/2010 Calendar
 1/8/2010 Calendar
 1/12/2010 Calendar
 1/12/2010 Box of Chocolates
 1/12/2010 DVD: Construction of GobNob Windmill
 1/13/2010 Book: A Chance at Life
 1/15/2010 3 Calendars
 1/19/2010 Book: Inside the Kingdom
 1/19/2010 Calendar
 1/25/2010 Book: Biographical Poems about Congressman Shimkus
 1/25/2010 Piece of Flourspar
 1/27/2010 Magazine: National Geographic
 2/1/2010 1 bottle of Pinot Noir
 2/1/2010 Calendar
 2/1/2010 Book: Forgotten Continent: The Battle for Latin America's Soul
 2/1/2010 Calendar
 2/1/2010 Book: The Healthcare Survival Guide
 2/1/2010 Book: Damn Much Money
 2/3/2010 Book: To Improve Health and Health Care: Volume XIII (2 copies)
 2/3/2010 Mini Foam Football
 2/4/2010 2 T Shirts
 2/4/2010 2 Sweatshirts
 2/5/2010 Book: Money for Nothing
 2/12/2010 Pocket Calendar
 2/17/2010 City of Mt. Vernon paper weight
 2/19/2010 Football autographed by 2009 Super Bowl Champion Pittsburgh Steelers
 2/19/2010 USA Patriot Pin
 2/19/2010 Book: The Great Fix for the Great Recession
 2/22/2010 Polo Shirt with IHI logo
 2/22/2010 Calendar
 2/23/2010 Book: His Needs, Her Needs
 2/23/2010 See's Candies
 2/23/2010 20 cards and envelopes
 2/23/2010 CD: Susan Boyle, "I Dream a Dream"
 2/24/2010 2 pen and letter openener sets
 2/24/2010 5 ink pens
 2/24/2010 DVD: The Surge: The Untold Story
 2/25/2010 2 polo shirts

SIU School of Medicine
 Challenges Unlimited
 Aetna
 Illinois Department of Transportation
 National Association of Housing and Redevelopment Officials
 The City University of New York
 American Rivers
 University of Illinois-Chicago Division of Specialized Care for Children
 Ohio Department of Natural Resources Division of Watercraft
 Lisa Stephens
 Rural Electric Convenience Coop
 Tom Wilson, Ph.D.
 ABC-7/WJLA-TV
 Xenel Industries Ltd.
 Federal Laboratory Consortium for Technology Transfer
 Mrs. Willsey's 5th Grade Class
 Mayor Roy Tolbert
 Lincoln Park Zoo
 Representative Greg Walden
 Oceana
 Council of the Americas
 Department of the Army
 Healthcare Advocate Publishing, Inc.
 Frank Weil
 Robert Wood Johnson Foundation
 Women of the Storm
 Collinsville High School Student Council
 Collinsville High School Student Council
 Investors for Director Accountability Foundation
 Marion VA
 Mary Jane Chelsley, Mayor of Mt. Vernon
 Buchanan, Ingersoll & Rooney PC
 Carter Pennington
 David C. Hill
 IHI Turbo
 Representative Mike Thompson
 Ted and Kerry Yeats
 Ted and Kerry Yeats
 Ted and Kerry Yeats
 Ted and Kerry Yeats
 Bob Tackitt, Mayor of Flora
 Bob Tackitt, Mayor of Flora
 Institute for the Study of War
 IHI Turbo

2/25/2010 2 T Shirts
 2/25/2010 2 hats
 2/25/2010 Coffee mug
 2/26/2010 Book: Stages of Senior Care
 2/26/2010 Calendar
 3/2/2010 Census 2010 Travel Mug
 3/2/2010 Census 2010 Lunch Box
 3/2/2010 DVD: The Cross and the Switchblade
 3/2/2010 Blanket depicting scenes of Marion County
 3/9/2010 5 grain bin banks
 3/9/2010 Flash Drive with information about GSI
 3/9/2010 2 ink pens
 3/9/2010 Money clip
 3/9/2010 Notepad
 3/10/2010 Book: SOS! Our Economy is Sinking!
 3/10/2010 Framed photo of Rep. Shimkus reading to Jumpstart kids
 3/15/2010 Book: Going to War with Sailboats
 3/16/2010 Calendar
 3/17/2010 Baklava
 3/18/2010 DVD Bonneville International
 3/19/2010 Book: A Shelter Is Not a Home... Or Is It? - Revisited
 3/24/2010 Book: Voodoo Anyone? How to Understand Economics Without Really Trying
 3/29/2010 Book: Past Silos and Smokestacks
 3/29/2010 Book: Grandma Is Not Shovel-Ready
 3/31/2010 Book: Rediscovering God in America
 3/31/2010 Polo Shirt
 4/8/2010 Book: Palliative Care: Transforming the Care of Serious Illness
 4/8/2010 Thermos
 4/9/2010 Blanket
 4/9/2010 Cooler
 4/9/2010 Bottle of Pappy LeDeaux's BBQ Sauce
 4/16/2010 Reusable Shopping Bag
 4/19/2010 DVD: Growing Greener Schools
 4/27/2010 Trophy: Spirit of Enterprise Award
 5/1/2010 Book: The Manchurian President
 5/12/2010 Book: Saving Capitalism
 5/18/2010 Book: Liberty and Tyranny
 5/26/2010 Book: Lietuvos Vytis, The Vytis of Lithuania
 5/27/2010 Book: Renewing the American Dream
 5/31/2010 Hat
 5/31/2010 Book: Noise: How to Fight Killer Pain
 6/1/2010 We, the People calendar
 6/3/2010 The Message of God to the Children of Man DVD
 6/10/2010 Book: What's the Number for 911? By Leland Gregory
 6/10/2010 Book: 10 Truths about Socialism
 6/10/2010 DVD: Socialism: A Clear and Present Danger
 6/16/2010 Ice Scraper
 6/25/2010 DVD: Formosa Betrayed
 7/2/2010 Book: Illinois Blue Book 2009-2010
 7/6/2010 Book: Last Chance: Preserving Life on Earth

IHI Turbo
 IHI Turbo
 IHI Turbo
 Susan Eisenhower
 Chief of Naval Operations: Environmental Readiness Division
 Mayor Roy Kissel and Trustee Joe Scaggs, Norris City
 Mayor Roy Kissel and Trustee Joe Scaggs, Norris City
 Mary Ballard
 Doris Purcell
 GSI, Assumption
 GSI, Assumption
 GSI, Assumption
 GSI, Assumption
 GSI, Assumption
 Michael L. George
 Jumpstart
 Senator Lamar Smith
 Psoriasis Cure Now
 Turkish American Federation of Midwest
 Bonneville International
 Institute for Children and Poverty
 Don Irvine
 The Chicago Council on Global Affairs
 Let Freedom Ring
 Robert Hoffman
 Southern Illinois University-Edwardsville
 Robert Wood Johnson Foundation
 St. Anthony's Health Center
 Effingham Chamber of Commerce
 Effingham Chamber of Commerce
 Effingham Chamber of Commerce
 CE Brehm Memorial Library, Mt. Vernon
 Media and Policy Center
 US Chamber of Commerce
 WND Books
 Coalition for a Prosperous America
 Mark Levin
 Embassy of Lithuania
 Mick Bauer
 MaRyan Mining
 Acoustical Measurements
 United States Capitol Historical Society
 Vue Pao Xiong of St. Paul, Minnesota
 Gregg P. Skall, Womble Carlyle Sandridge & Rice LLC
 Coral Ridge Ministries
 Coral Ridge Ministries
 Workers United: Washington D.C. Building Trader Council AFL-CIO
 Formosa Foundation
 Illinois Secretary of State-Jesse White
 National Wildlife Federation

7/11/2010 Pen
 7/13/2010 Cinnacrunch Kettle Korn
 7/30/2010 Book: History of Salem United Church Christ
 8/1/2010 Gift Certificate: Free night stay at Hidden Lake Winery
 8/3/2010 Book: The Truth About Obamacare
 8/5/2010 Book: Nonkilling Global Political Science
 8/9/2010 DVD: Nicotine Bees
 8/9/2010 Book: As a Peace-Loving Global Citizen
 8/12/2011 Surface Deployment and Distribution Command Token
 8/12/2011 Military Surface Deployment and Distribution Command Coin
 8/18/2010 Book: The Battle
 8/18/2010 Nameplate
 8/23/2010 Paperweight
 8/23/2010 Dental Health Kit
 8/30/2010 Book: Poorer Richard's America
 9/2/2010 Book: Rising to the Challenge
 9/2/2010 Book: Irresponsible America by John Marcus
 9/7/2010 Book: I Sued President Barack Obama"
 9/8/2010 Baklava
 9/9/2010 Book: Restoring the Republic
 9/9/2010 DVD: His All Holiness Ecumenical Patriarch Bartholomew on PBS
 9/9/2010 DVD: His All Holiness Ecumenical Patriarch Bartholomew on 60 Minutes
 9/9/2010 Book: Unstable: How Big Government, Taxes and Debt are Wrecking America
 9/10/2010 Book: The Education of Ronald Reagan
 9/10/2010 Sweatshirt
 9/10/2010 Mug
 9/10/2010 Keychain
 9/10/2010 Travel Mug
 9/10/2010 Stainless Steel Mug
 9/10/2010 Pen
 9/13/2010 Photo: Stanley Cup in the State Capitol
 9/14/2010 Book: China Economics vs. The West
 9/16/2010 Hawaiian King Assorted Chocolate Covered Macadamia Nuts
 9/17/2010 Book: The Story Behind the Mortgage and Housing Meltdown
 9/17/2010 Book: Jolt! The Impending Dominance of the Electric Car
 9/17/2010 Book: Pass the Plate, The Legend and Legacy of United States Congressman Kenneth J. Gray
 9/24/2010 luggage tag
 9/30/2010 Book: Living on our Heads
 10/4/2010 Family Membership
 10/6/2010 DVD: The Chatsworth Metrolink Disaster: Justice for Victims
 10/15/2010 Calendar
 10/15/2010 Calendar
 10/16/2011 Hat
 10/18/2011 Hat
 10/18/2010 Calendar
 10/21/2010 Calendar
 10/21/2010 The Obamacare Disaster by Peter Ferrara
 10/21/2010 Canvas Tote Bag
 11/1/2010 Book: America's War on Christianity
 11/1/2010 Book: God and America's Leaders
 11/3/2010 Book: Keeping it Local, Guide for Managing District Offices

St. John Lutheran Church, Dieterich
 Charles Brennan
 Salem United Church of Christ
 Hidden Lake Winery
 Pacific Research Institute
 Center for Global Nonkilling
 NHBAB/ Sierra Club
 Family Federation for World Peace and Unification District 7
 General McNabb, Scott AFB
 Brigadier General Hodge, Scott AFB
 American Enterprise Institute
 Cope Plastics
 Southern Illinois University School of Dentistry
 Southern Illinois University School of Dentistry
 Tom Blair
 USA Pavilion, Expo 2010 China
 John Marcus from Truth Believed
 Murry Cohen
 Martin R. Sorenson and Demetrios Hassakis
 Representative Devin Nunes (CA-21)
 Manatos & Manatos
 Manatos & Manatos
 The Free Enterprise Nation
 General Electric
 Brehm Preparatory School-Carbondale
 Brehm Preparatory School-Carbondale
 Brehm Preparatory School-Carbondale
 Lewis and Clark Community College
 Lewis and Clark Community College
 Lewis and Clark Community College
 Richard Wirtz
 Giora Bsor
 Congressman Charles K. Djou
 Kenneth Clark
 James Billmaier (the author)
 David Yepsen
 Information Systems Security Office
 The Center for Moral Clarity
 Missouri History Museum
 Justice and Railroad Safety, 4383 Clearwood Rd., Moorpark, CA
 American Friends of Lubavitch
 Springfield Housing Authority
 Disabled American Veterans
 Scott Shiller
 FRA
 Aetna
 The Heartland Institute
 Cache River Wetlands Joint Venture Partnership
 Brad O'Leary, The O'Leary Report
 Brad O'Leary, The O'Leary Report
 Congressional Management Foundation, Society for Human Resource Mgmt.

11/9/2010 Framed photo
11/9/2010 Book: The Patriot's Toolbox
11/10/2010 DVD: CTO Design Challenge, Scaling Alternative Energy
11/10/2010 Book: Arab Voices by James Zogby
11/15/2010 Instructive board game: This Way to Jobs
12/8/2010 Calendar
12/14/2010 Calendar
12/20/2010 "Chippers," Chocolate Covered Potato Chips.
12/20/2010 Framed Photo
12/21/2010 Christmas Ornament
12/23/2010 Chocolate
12/23/2010 Christmas Ornament

Lutheran Church Missouri Synod
The Heartland Institute
Strategic News Service, Future in Review 2010 Conference
Zogby International
Chamber of Commerce
George Hisaeda, Consul General of Japan to Chicago
Chicago Area LECET
Congressman-elect Rick Berg
Cadet Nathan Armes
Balda Family
Mukta Tomar, Consul General of India to Chicago
Bob and Donna Plummer